



2100 E. ORANGETHORPE  
GUARDIAN STORAGE, INC.  
DBA: EXECUTIVE RV CENTER

**Executive**  
**RV** *Center*

**Brad Fischer**

Inside & Outside Storage

Rentals \* Repairs \* Detailing

(714) 680-0295

Body & Paint

(714) 680-3849 Fax

Service \* Sales

**2100 East Orangethorpe Avenue, Fullerton, California 92831**

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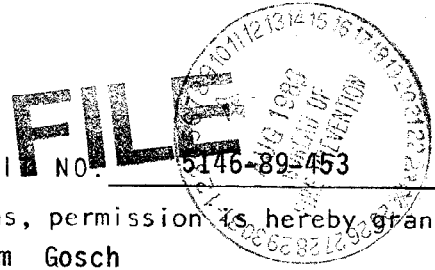


PERMIT NOT IN EFFECT UNTIL VALIDATED BY CITY TREASURER

BE# 21104

FULLERTON FIRE DEPARTMENT

312 East Commonwealth Avenue  
Fullerton, California 92632



DATE Aug. 4, 1989

PERMIT NO. 5146-89-453

In accordance with Uniform Fire Code, Fire Prevention Regulations, permission is hereby granted:

COMPANY Cal Gas

BY Clem Gosch

ADDRESS 10622 Westminster, Garden Grove PHONE 714 534-6120

to Install the following: One above ground 50.00 OPTI

499 gallon vertical propane tank 3:57 PM 6570 1 4 08/07/89 OPTI

FIRM NAME Executive RV Center

LOCATION 2100 E. Orangethorpe

Installation shall be in compliance with UFC 1985 Edition Article 82

Final approval and continuing effect of this permit subject to compliance with

Fullerton Fire Dept. Field Inspection; applicable City and State regulations, and nationally recognized safe practices. SUBJECT TO REVOCATION FOR PROPER CAUSE.

PERMIT RECEIVED Clem Gosch

DATE Aug. 5, 1989

FULLERTON FIRE PREVENTION BUREAU

Permit Fee \$ 50.00

Permit Expires Sept. 5, 1989

Treasurer's Receipt No. 8-7-89 60776

By Julie Kunze  
Julie Kunze, Inspector

Payable to City Treasurer per  
FMC 13.10.040, amended 12/79

FMC, Section 13.10  
(UFC Amendment Ord.)

(714) 738-6500  
FP 33 - 11/81

MWNA-WZI 213566

PARKING

499 GAL. VERT. PROPANE TANK

50'

ENTRANCE

60'

10'

10'

NOT TO SCALE

PARKING

EXECUTIVE RV CENTER  
2100 E. Orangethorpe Ave.  
Fullerton, Ca. 92631

BUILDING

SPECIFIC INFORMATION ON THE BACK

Installation to be made by:

Cal Gas - Orange County  
10622 Westminster Ave.  
Garden Grove, Ca. 92643

*Da + Mural*

SPECIFIC INFORMATION ON THE BACK

Installation to be made by:

Cal Gas - Orange County  
10622 Westminster Ave.  
Garden Grove, Ca. 92643

Chert Wood

**FULLERTON FIRE DEPARTMENT**  
312 East Commonwealth Ave.  
Fullerton, California 92632  
Telephone (714) 738-6500

APPROVED  
8-3-39

BUREAU OF FIRE PREVENTION

By K. J. [Signature]

THE FOLLOWING ARE THE NAMES OF A FIRM  
OR COMPANY OF WHICH THE INDIVIDUAL IS  
AN EMPLOYEE OR OF WHICH HE IS A MEMBER  
OR AN ASSOCIATE IN THE OPERATION AND  
OWNERSHIP OF SUCH CONCERN:

4 Relief Valve not to discharge in direction of building or exits.

MWNA-WZI 213567



- 1 - Tank to be secured to an approved, reinforced concrete foundation.
- 2 - 6 in. X 6 ft. steel crash posts to be installed 3 ft. from the tank, on 48 in. centers; 3 ft. above ground, filled with concrete; 3 ft. in ground, with concrete caps.
- 3 - "NO SMOKING" and "FLAMMABLE" signs visible from all sides, to be installed on the tank.
- 4 - "NO PARKING", in red, to be painted on the concrete drive, to the north, and east of the tank.
- 5 - Approved "2A-10BC" extinguisher, to be mounted at tank site.
- 6 - Approved fittings, pipes and hoses to be utilized, per all applicable codes.
- 7 - All electrical connections to be for Class I, Division I, explosion-proof installation, per all applicable codes.

## Chapter 3 Control of Ignition Hazards

**3-1 Static Control.** Ignition hazards from static electricity can be eliminated by removing the ignitable mixture from the area where static may be discharged as sparks, controlling the amount or speed of charge generation, or relaxing a charge after it has been generated.

**3-2 Control of Static Generation.** Since static is generated whenever two dissimilar materials are in relative motion to each other, a slowing down of this motion will reduce the rate of the generation of static electricity. For example, a low conductivity material flowing through pipes, ducts, filters, and the like will generate static electricity. If the material flows at a low enough rate, a hazardous level of static will not be generated. Frequently this means of static control is not commercially acceptable because of slower production.

### 3-3 Charge Relaxation (Dissipation).

#### 3-3.1 Bonding and Grounding.

**3-3.1.1** A conductive object may be grounded directly or by bonding it to another conductive object that is already connected to the ground. Some objects are inherently bonded or inherently grounded by their contact with the ground. Examples are underground piping or large storage tanks resting on the ground.

**3-3.1.2** Bonding is done to minimize potential differences between conductive objects. Likewise, grounding is done to minimize potential differences between objects and the ground.

**3-3.1.3** The minimum size of wire is dictated by mechanical strength rather than by current-carrying capacity. Flexible conductors should be used for bonds that are to be connected and disconnected frequently. To prevent the accumulation of static electricity the resistance need not be less than 1 megohm and in most cases may be even higher. To protect electrical power circuits the resistance must be low enough to ensure operation of the fuse or circuit breaker under fault conditions. Any ground that is adequate for power circuits or lightning protection is more than adequate for protection against static electricity.

**3-3.1.4** Conductors may be insulated or uninsulated. Some prefer uninsulated conductors so that defects can be easily spotted by visual inspections. If insulated, the conductor should be checked for continuity at regular intervals, depending on experience.

**3-3.1.5** Connections may be made with pressure-type ground clamps, brazing, welding, battery-type clamps, or magnetic or other special clamps that provide metal-to-metal contact. (See Figures 1, 2, and 4.)

**3-3.1.6** The resistance between a grounded object and the soil is made up of the resistance of the ground wire itself and the resistance of the ground electrode (ground rod) to the soil. Most of the resistance in any ground connection is in the contact of the ground electrode with the soil. The ground resistance is quite variable as it depends upon the

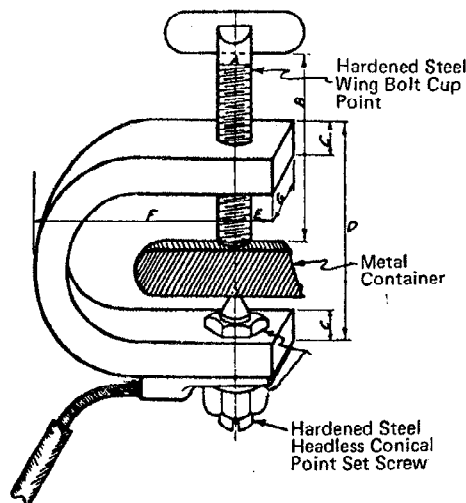


Figure 1 Typical Pressure-type Ground Clamp.

area of contact, the resistivity of the soil, and the amount of moisture.

#### 3-3.2 Humidification.

**3-3.2.1** It is a matter of common experience that manifestations of static electricity — e.g., the sparks that an individual may experience from walking across a rug — are more intense in periods of dry weather than they are when a moist atmosphere prevails. From such experience has arisen the erroneous popular belief that static generation is controlled by weather. Actually, the generating mechanism is not influenced by weather, but weather does have a marked effect on whether a generated charge leaks away so fast that no observable accumulation results, or whether it can build up to produce the commonly recognized sensory manifestations.

**3-3.2.2** In Chapter 1, materials were loosely described as “conductors,” as distinguished from “nonconductors” or “insulators,” and it was stated that, since there is no perfect insulator, isolated charges of static electricity eventually dissipate. Anything that could be relied upon to impart conductivity to an insulating body would thus become a means of dissipating static charges.

**3-3.2.3** Most of the commonly encountered insulating materials, such as fabric, wood, paper, films, concrete, or masonry, contain a certain amount of moisture in equilibrium with the air in the surrounding atmosphere. This moisture content varies depending on weather, and to a large measure it controls the conductivity of the material, and hence its ability to prevent the escape of static electricity. The conductivity of these materials is controlled, not by the absolute water content of the air, but by its relative humidity. This figure, as ordinarily recorded in weather reports and comfort charts, is the ratio of the partial pressure of the moisture in the atmosphere to the partial pressure of water at the prevailing atmosphere temperature. Under conditions of high relative humidity — 50 percent or higher — the materials in question will reach equilibrium conditions containing enough moisture to



**FILE**

**FULLERTON FIRE DEPARTMENT**

312 EAST COMMONWEALTH AVENUE  
FULLERTON, CALIFORNIA 92632

*Inspected and approved*  
*6-4-81*  
*C. Thompson*

18.00  
18.00  
18.00  
18.00  
18.00  
5078 493 5/29/81

DATE May 29, 1981

PERMIT NO. LPG 81-117

In accordance with Uniform Fire Code, Fire Prevention Regulations, permission is hereby granted:

COMPANY PARGAS BY Bob Schneider

ADDRESS PO Box 150, 535 S. Melrose Placentia, CA 92670 PHONE (714) 993-9400

install and use the following:

ONE 172 GAL ABOVE GROUND LPG TANK

for

FIRM NAME TRENT TUBE DIVISION

LOCATION 2100 E. Orangethorpe

Installation/use shall be in compliance with Uniform Fire Code, Article 82, 1979 Ed., & attached sheet

Final approval and continuing effect of this permit subject to compliance with field inspection before use

; applicable City and State regulations, and nationally recognized safe practices. SUBJECT TO REVOCATION FOR PROPER CAUSE.

PERMIT RECEIVED B. J. Schneider DATE 5/29/81

Permit Fee \$ 18.00

Permit Expires 5/29/82

**FIRE PREVENTION BUREAU**

Payable to City Treasurer  
MC 13.05.031, amended 6/78

Treasurer's Receipt No.

17654 529

FMC, Section 13.10  
(UFC Amendment Ordinance)

By C. Thomas Thompson  
Inspector C. Thomas Thompson  
Phone (714) 738-6500



# PARGAS PLOT PLAN

P.O.Box 150 \* 500 S. Melrose, Placentia, Calif. 92670 \* Phone (714) 993-9400

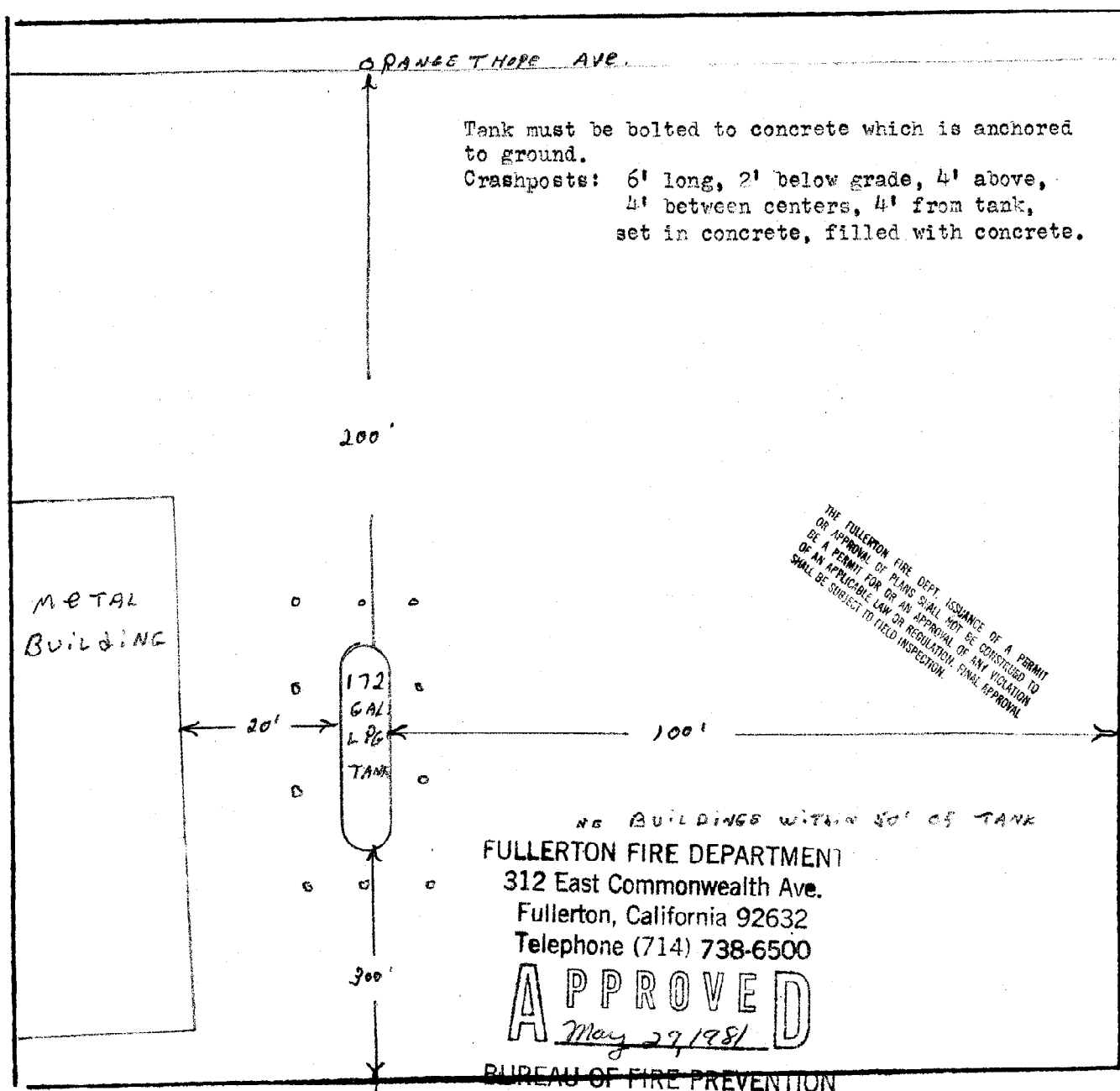
Trent Tube Division

ADDRESS OF L.P.G. INSTALLATION 2100 E. Orangethorpe, Fullerton

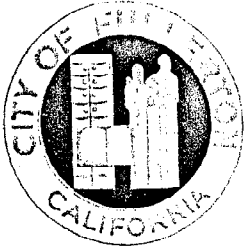
TANK CAPACITY 172 gal. water capacity

DATE INSTALLED Will Notify

ALL NECESSARY CRASHPOSTS INSTALLED AND FLAMMABLE & NO SMOKING  
SIGNS ARE ON TANK AS REQUIRED BY CODE.



By C. Thomas Thompson



FIRE DEPARTMENT

312 EAST COMMONWEALTH AVENUE - FULLERTON, CALIFORNIA 92632

WILLIAM A. HOUSER - Chief

Phones -- Administration ..... 738-6502  
Prevention ..... 738-6500  
EMERGENCY only ..... 738-6122

ADDITIONAL REQUIREMENTS FOR L P G TANK INSTALLATION

1. 4" x 6' steel crash posts installed 3' from tank; 48" centers;  
3' above ground, filled with concrete - 3' in ground, with concrete caps.
2. Tank to be secured on concrete pad poured through asphalt.
3. Approved signs - "NO SMOKING" and "FLAMMABLE", visible from  
all sides on tank.  
*1200 or less gallon capacity - NO SMOKING within 25 feet*  
*1200 or more gallon capacity - NO SMOKING within 50 feet*
4. Approved "2A-40BC" extinguisher, mounted at tank site in approved manner.
5. Approved fittings, pipes, and hoses, as per Codes.
6. Approved electrical wiring, as per Codes. Necessary electrical  
permit shall be obtained from the Dept. of Development Services.  
Electrical must be inspected and approved prior to Fire Dept.  
inspection.
7. No combustibles within 10' of tank installation. This includes parking  
of automobiles. Striping or barriers may be necessary to maintain  
distance.
8. Department of Industrial Safety requires that pressure vessels  
be a minimum of 50' from a railroad mainline, and a minimum of  
10' from a railroad spurline.

THESE INSTALLATION REQUIREMENTS ARE AN INTEGRAL PART OF THE APPROVED PLANS,  
AND ARE TO BE AFFIXED TO THE PLANS AT ALL TIMES.



PERMIT NOT IN EFFECT UNTIL VALIDATED BY CITY TREASURER

**FILE**

FULLERTON FIRE DEPARTMENT  
312 East Commonwealth Avenue  
Fullerton, California 92632

PERMIT NO. CG 82-108

7-12-82 Pressure Test on piping  
approved (ET)  
7-16-82 4-hour test at 1345  
7-17-82 test complete at 1345  
11-22-82 approved as inspected (ET)

DATE June 17, 1982

In accordance with Uniform Fire Code, Fire Prevention Regulations, permission is hereby granted:

COMPANY TRENT TUBE DIVISION

BY Victor Melnikow (Steno)

ADDRESS 2100 E. Orangethorpe

Fullerton, CA 92634 PHONE (714) 526-5522

to install/use the following:

SIX (6) HIGH PRESSURE NITROGEN GAS RECEIVERS

FIRM NAME TRENT TUBE DIVISION

LOCATION 2100 E. Orangethorpe

installation/use

shall be in compliance with UFC, 1979 Ed., Art. 75 & NFPA Standard 58F

Final approval and continuing effect of this permit subject to compliance with Fullerton Fire Dept. field inspection and test of piping as per code; applicable City and State regulations, and nationally recognized safe practices. SUBJECT TO REVOCATION FOR PROPER CAUSE.

PERMIT RECEIVED *[Signature]* DATE 6/17/82

Permit Fee \$ 30.00

Permit Expires 6/17/83

Treasurer's Receipt No. 24041

Payable to City Treasurer per  
FMC 13.10.040, amended 12/79

FMC, Section 13.10  
(UFC Amendment Ord.)


FULLERTON FIRE PREVENTION BUREAU

By C. Thomas Thompson  
C. Thomas Thompson, Inspector

(714) 738-6500  
FP 33 - 11/81

MWNA-WZI 213573

**SPEEDIMEMO**

TO Engine Co Captains		DEPT.-LOCATION Station Three	
FROM John Clark		DEPT.-LOCATION Fire Marshal	
SUBJECT Final inspection of High Pressure Nitrogen Gas Receivers			DATE 11 / 22 / 82
<b>MESSAGE</b>			
<p>Attached you will find the copy of the plans and permit issued to Trent Tube Div. at 2100 E. Orangethorpe for use of (6) high pressure Nitrogen gas receivers. These are located to the rear of their property and you should be familiar with the installation and shut off valves. The installation is now in service and will require an annual permit to operate.</p> <p style="text-align: right;">Thank you, </p>			
ORIGINATOR-DO NOT WRITE BELOW THIS LINE		SIGNED	
<b>REPLY</b>			
DEPT.-LOCATION		SIGNED	DATE / /

FEDFORM 45 470  
Poly Pak (50 sets) 4P470

WRITER'S COPY

DETACH AND FILE FOR FOLLOW-UP

MWNA-WZI 213574

CITY OF FULLERTON  
BUREAU OF FIRE PREVENTION

- P E R M I T -

Date May 5, 1976

NO. HC 76-52

In accordance with Fire Prevention Regulations, permission is hereby granted:

NAME Bill Hartfel for TRENT TUBE COMPANY

ADDRESS 2100 E. Orangethorpe Fullerton, California PHONE 714 526-5522

to ~~install~~, store, handle, ~~transport~~, or use the following:

<sup>LIQUID</sup>  
5M gal tank HYDROGEN; 4M gal tank TRICHLOROETHYLENE; 1M gal tank AMMONIA; for  
Five 55 gal drums NITRIC ACID

FIRM NAME TRENT TUBE COMPANY LOCATION 2100 E. Orangethorpe

STORAGE AND USE SHALL BE IN COMPLIANCE WITH ARTICLES 15 & 19, UNIFORM FIRE CODE

The continuing effect of this permit is subject to compliance with City and State Regulations and nationally recognized safe practices.

Permission granted (until revoked) (-----days)

Subject to revocation for proper cause, or when necessary for public safety. Non-compliance with any provision stipulated herein constitutes violation of ordinance.

FP 33- 7/74 - 500

5/14/76 Marge Regan  
Permit Received

R. E. EILER - FIRE CHIEF  
FULLERTON FIRE DEPARTMENT  
312 East Commonwealth Avenue

By Edwin L. Hooper  
FIRE PREVENTION INSPECTOR  
Phone (714) 526-4683

MWNA-WZI 213575



CITY OF FULLERTON  
BUREAU OF FIRE PREVENTION  
312 East Commonwealth  
526-4683

Date February 18, 1970

APPLICATION TO MANUFACTURE, INSTALL, STORE, USE,  
~~HANDLE OR KEEP~~

1- 5,000 GAL. LIQUID HYDROGEN TANK  
(839 TO 1) LIQUID TO GAS.

Application is hereby made by the undersigned for  
permit to Manufacture Store Handle Keep Use

in or on the premises known as:

TRENT TUBE COMPANY

Location 2100 E. Orangethorpe Phone 526-5522

the following quantities of hazardous materials or  
operation (describe):

ABOVE - IN COMPLIANCE WITH  
N.F.P.A. Standards 50 B- '68

Conditions, surroundings and arrangements to be in  
accordance with the California State Law and Fire  
Prevention Regulations of the City of Fullerton.

Permit Issued: Signed [Signature]  
Applicant

No. LINE 110 UCC

Date 2/17/70 Address 2350 E. Rte 67 Hana

Wilmington, Cal.  
213-775-6486

CITY OF FULLERTON  
BUREAU OF FIRE PREVENTION  
312 East Commonwealth  
526-4683

Date February 18, 1970

APPLICATION TO ~~MANUFACTURE~~, INSTALL, STORE, ~~USE~~,  
~~HANDLE OR KEEP~~

1- 5,000 GAL. LIQUID HYDROGEN TANK  
(839 TO 1) LIQUID TO GAS.

Application is hereby made by the undersigned for  
permit to Manufacture Store Handle Keep Use

in or on the premises known as:

TRENT TUBE COMPANY

Location 2100 E. Orangethorpe Phone 526-5522

the following quantities of hazardous materials or  
operation (describe):

ABOVE - IN COMPLIANCE WITH  
N.F.P.A. Standards 50 B- '68

Conditions, surroundings and arrangements to be in  
accordance with the California State Law and Fire  
Prevention Regulations of the City of Fullerton.

Permit Issued:

Signed

[Signature]  
Applicant

No.

Date 2/17/70

Address

2100 E. Orangethorpe  
Fullerton, Cal.  
213-715-6426

CITY OF FULLERTON  
BUREAU OF FIRE PREVENTION

- P E R M I T -

Date February 25, 1970

NO. FL 70-10

In accordance with Fire Prevention Regulations, permission is hereby granted:

NAME S. R. Ervin for Union Carbide Corporation COMPANY

ADDRESS 2300 E. Pacific Coast Highway-Wilmington, Cal. PHONE (213) 435-2077

to install, ~~store, handle, transport, or use~~ the following:

1 - 5,000 gallon liquid hydrogen tank (839 to 1) liquid to gas for

FIRM NAME TRENT TUBE COMPANY LOCATION 2100 E. Orangethorpe

The continuing effect of this permit is subject to compliance with City and State Regulations and nationally recognized safe practices.

Permission granted for 60 days.

Subject to revocation for proper cause,  
or when necessary for public safety.  
Non-compliance with any provision stipu-  
lated herein constitutes violation of  
ordinance.

R. E. EILER - FIRE CHIEF  
FULLERTON FIRE DEPARTMENT  
312 East Commonwealth Avenue

By  FIRE MARSHAL

MWNA-WZI 213578

CITY OF FULLERTON  
BUREAU OF FIRE PREVENTION  
PERMIT

Nº 872

Permit No. FL 872

Date November 29, 1968

In accordance with Fire Prevention Regulations, permission is hereby granted:

NAME TRENT TUBE COMPANY

ADDRESS 2100 E. Orangethorpe - Fullerton, California

to ~~install~~ store, handle, transport or use the following: 4,200 gal PERCHLORETHYLENE; 600#-NITRIC ACID;  
174,000 cu ft HYDROGEN GAS; 1000 gal-AMMONIA

The continuing effect of this permit is subject to compliance with City  
and State Regulations and nationally recognized safe practices.

Permission granted for until revoked  
period. Subject to revocation for proper cause, or  
when necessary for public safety. Noncompliance  
with any provision stipulated herein constitutes a  
violation of above ordinance.

FULLERTON FIRE DEPARTMENT

~~Lloyd W. Eckels, Chief~~ Roe O. White, Act. Chief  
~~123 W. Wilshire Ave.~~ 312 E. Commonwealth

By Karl C. Appel  
~~Fire Marshal~~ Inspector

MWNA-WZI 213579



**FULLERTON FIRE DEPARTMENT**  
**Fire Prevention Division**  
312 E. Commonwealth Ave.  
Fullerton, CA 92832

Phone (714) 738-6500  
Fax (714) 738-3392  
Date 7/20/11

**FILE**

Business Name: EXECUTIVE RV CENTER

Phone: 680-0295

Address: 2100 E ORANGE THORPE Unit -

**INTEREST**  
2831

**Hazardous Materials Disclosure/Business Emergency Plan  
Inspection Report**

On the above date an inspection of your business/facility was conducted in order to determine compliance with the California Health and Safety Code (HSC) Chapter 6.95; Title 19 of the California Code of Regulations; and the City of Fullerton Municipal Code. Violations determined from this inspection are noted below:

Date Cleared	Violation
<u>      </u>	<input checked="" type="checkbox"/> Failure to establish/implement a Business Emergency Plan. [HSC 25503.5]
<u>      </u>	<u>      </u> Chemical inventory is incomplete or needs to be updated. [HSC 25504]
<u>      </u>	<u>      </u> Failure to submit a Business Emergency Plan to the Fullerton Fire Department. [HSC 25505]
<u>      </u>	<input checked="" type="checkbox"/> Failure to review and update the Business Emergency Plan. [HSC 25505(c)]
<u>      </u>	<u>      </u> Employee training program is inadequate. [HSC 25504]
<u>      </u>	<u>      </u> Business Owner/Operator Identification page is incomplete or needs to be updated. [HSC 25509]
<u>OK</u>	<input checked="" type="checkbox"/> Failure to provide name, title, and 24-hour phone number of emergency contact(s). [HSC 25509(a)]
<u>      </u>	<u>      </u> Site map is incomplete or insufficient. [HSC 25509]
<u>      </u>	<u>      </u> Failure to report a release or threatened release. [HSC 25507]
<u>      </u>	<u>      </u> Emergency Response Plan is inadequate and/or does not include adequate notification, mitigation, and abatement procedures. [HSC 25504]
<u>      </u>	<u>      </u> Other (See comments)
<u>      </u>	<u>      </u> No violations found at this time. No corrective actions required.

☒ All violations must be corrected. A re-inspection will be conducted on or about 8/2/11.  
☐ Corrections are required and documentation must be returned to this office within        days.

**PLEASE CORRECT ALL VIOLATIONS IMMEDIATELY. FAILURE TO DO SO BY THE DATE INDICATED COULD RESULT IN A SUBSEQUENT REINSPECTION AND A REINSPECTION FEE OF \$134.00 BEING ASSESSED.**

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspector NGUYEN, 248 Owner Rep [Signature] Title        Date       

White - Fire Prevention Yellow - Owner/Operator

MWNA-WZI 213580



**FULLERTON FIRE DEPARTMENT**  
**CORRECTION NOTICE**  
 312 E. Commonwealth Ave.  
 Fullerton, CA 92832  
 (714) 738-6500

Page 1 of 1

Date 3/31/07

Business Name Executive RV Center Contact \_\_\_\_\_ Phone 680-0295  
 Business Address 2100 E Orange Thorne Unit# \_\_\_\_\_ District \_\_\_\_\_

**THE VIOLATIONS NOTED BELOW MUST BE CORRECTED IMMEDIATELY**

The first compliance reinspection will be conducted on or about 4/13/07. Please call (714) 738-6500 if you have any questions. Failure to make required corrections by the due date will result in an additional reinspection and a fee of \$ 139.00

**Mail Back Card Issued ☐**

- Date \_\_\_\_\_  
 Cleared: \_\_\_\_\_
- CFC:**
- ☒ 505.1 Address numerals shall be plainly visible from the street fronting the property and any alleyway serving the property.  
☐ 902.4 Key box/lock/switch is required. Order forms must be submitted to and signed by the Fire Marshal.
- FIRE PROTECTION EQUIPMENT**
- ☒ 901.6 A five-year certification test is required on sprinkler system/standpipe/private hydrant.  
☐ 906.1 Provide \_\_\_\_\_ extinguishers of the following type: 2A:10BC Minimum Rating with California State Fire Marshal tag.  
☒ 906.2 Extinguishers shall be serviced annually/mounted/made accessible.  
☒ 908.5.4 Access clearance shall be provided around fire-protection equipment.  
☐ 904.11.5.2 A K-type fire extinguisher is required within 30 feet of a kitchen with a deep fat fryer.  
☐ 904.11.6.4 Kitchen hood extinguishing systems shall be serviced semi-annually.
- EXITS**
- ☒ 1003.6 All exits and exit doors must be unobstructed.  
☐ 1008.1.8 Door hardware shall open without key, special knowledge or effort. Remove unapproved locking devices from doors.  
☐ 1011.1 Exit signs shall be installed/maintained at required exit doorways and where otherwise necessary to indicate the direction of egress.  
☐ 1028.6 All security bars on windows in sleeping rooms must have a release mechanism operable from the inside.  
☒ 1011.2 Exit signs shall have two sources of illumination. Emergency lights shall be operational.
- ELECTRICAL**
- ☐ 605.1 Circuit breakers may not be taped or secured in the "ON" position. Note: Exit light/Fire alarm circuits have lock-on devices.  
☐ 605.5 Extension cords may not be used as a substitute for permanent wiring.  
☐ 605.4 Multi-plug adapters are prohibited unless equipped with U.L. listed circuit breakers.  
☐ 605.3 Minimum 36" clearance shall be provided in front of electrical panels.  
☐ 605.6 Approved covers shall be provided for all switch and outlet boxes. Open junction boxes or wiring splices are prohibited.
- STORAGE**
- ☐ 315.2.1 Storage inside buildings shall be orderly/18" below sprinklers/24" below ceiling (no sprinklers).  
☐ 315.2.4 Storage is prohibited in attics, under floors or in concealed spaces unless approved.
- HAZARDOUS MATERIALS**
- ☒ H&SC A Hazardous Materials Disclosure must be submitted for 55 gallons, 500 pounds, or 200 cubic feet of a hazardous material.  
☐ 2703.5 Provide approved placards for building. Appropriately label chemical or hazardous waste containers.  
☐ 3003.5.3 Compressed gas containers, cylinders, and tanks shall be secured by an approved method to prevent falling.
- SMOKE DETECTORS**
- ☐ 907.2.10 Smoke detector shall be provided in every existing guest room in a hotel, motel, dwelling unit, or central hall of an apartment.
- GENERAL**
- ☐ 703.1 All missing ceiling tiles must be replaced. All holes in walls and/or ceiling must be repaired.  
☐ 105.1.1 Obtain permit(s) for the following: \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**PLEASE CORRECT ALL VIOLATIONS IMMEDIATELY. FAILURE TO DO SO BY THE DATE INDICATED WILL RESULT IN A SUBSEQUENT REINSPECTION AND A FEE BEING ASSESSED.**

Inspector Long FFD Company/Shift HQ Received By [Signature]  
 January 2008/Correction Notice White copy - Fire Prevention Yellow Copy - Owner/Operator

MWNA-WZI 213581

Refer to FP ☐ In Disclosure ☒ File # 1677

Area Inspector Stationary Fire Prevention

NPDES Insp. MINER Shift 60 Inspector EPS FP2 Corrie Allen

Start Date 11/19/07 Freq 24 Next NPDES Insp Date 11/01/08 Fire District 1327

### Business Information

Business Name EXECUTIVE RV CENTER/GUARDIAN STORAGE Business Phone 714 680-0295

Address 2100 E ORANGETHORPE Ave Fax No. 714 680-3849

Complex name E-Mail

Contact Type	Name	Type	Phone	Address
Business Owner	LEBARON INVESTMENTS	Primary	714-680-3812	
Address type	Address			
Emergency One	A.J. POMEROY	Primary	714-680-0295	Best after hours
Address type	Address			
Emergency Two	BRAD FISHER	Primary	714-680-0295	Best after hours
Address type	Address			
Inspection Contact	A.J. POMEROY	Primary	714-680-0295	
Address type	Address			
Property Owner	EDDIE FISCHER	Primary		
Address type	Address			
2020 E ORANGETHORPE Ave		FULLERTON	CA 928315327	

### NPDES Information

State Permit No. 76 Permit Type

Classification Industrial Medium LOW Business Type Industrial

SIC Building and Yard sq/ft 0

POSTED

FILE

### Visits

06/26/2006 Klages NPDES Inspection "BY WEST SIDE ROLL UP DOOR, ABOVE EN  
06/01/2006 121 Hazardous Occupan BUSINESS EMERGENCY PLAN - F  
06/30/2002 121 Hazardous Occupan UPDATE HAZMAT DISCLOSURE

### Special Information

U

### Permit Information

5146 LPG - Liquefied Petroleum Gases

Visit Info-Date 11/19/07 Employee No. 218 Name MINER Type NPDES Disp Hours Spent 1

☐ More contacts on back

MWNA-WZI 213582



NUMBER 2100	FRAC. E	DIR. Orange	STREET Thorp	UNIT NO.
BUSINESS NAME <del>Executive RV Center</del>			BUSINESS TELEPHONE 680-0295	
MAILING ADDRESS - NAME		NUMBER, STREET	CITY, STATE, ZIP	
CONTACT 1 Brad Fischer			PHONE [REDACTED]	
CONTACT 2 Brya Wilson			PHONE [REDACTED]	
OCC CODE	KNOX-BOX EXT. SYSTEM	DETECTORS	PERMITS	EXPIRATION DATE
				GRID 1327
INSPECTION DATE 5/31/07	ACTIVITY CODE DS	INSPECTION COMPANY KPS	EMPLOYEE NO. 322	TOTAL TIME

COMMENTS

Update by completing new  
Hazardous Material Disclosure info  
for propane + Gasoline & diesel  
(no longer has waste + new oil)

AN INSPECTION OF YOUR FACILITY REVEALED THE FOLLOWING VIOLATIONS:

**ORDER TO COMPLY:** As such conditions are contrary to law, you are required to correct them immediately upon receipt of this Notice. An inspection to determine whether or not you have complied with this Notice will be conducted on 6/30/07. Failure to comply with the foregoing Notice before the reinspection date will render you liable to the penalties provided by law for such violations.

*Comwall*  
Inspector

*X. Brady*  
Occupant

- ☒ First Inspection  
☐ Final Inspection  
☐ Issue Citation





City of Fullerton Fire Department  
Commercial/Industrial Inspection/Site Report Form

Site/File 2100 E. Orangeflake  
Date 11/19/07

☒ First Inspection    ☐ Second Inspection    ☐ New Facility    ☐ Response to Complaint    ☐ Follow up

Facility Name: Executive RV Center    Site Address: 2100 E. Orangeflake    Business Phone: 714 680 295

Contact Name: Arthur Romero    Phone: 714 680 0295

SIC: \_\_\_\_\_    Facility Size: 1.5 acre

Narrative SIC Description: Storage/Vehicles

Is the facility covered under any other permits? (Check all that apply)  
☐ Air Quality    ☐ Hazmat business plan    ☐ Underground storage tanks    ☐ Above ground storage tanks  
☐ Fire Dept. (Storage)    ☐ Hazardous waste generator    ☐ Other

Is the facility covered under a storm water permit?    ☒ Does not need coverage    ☐ No, but may need to refer to Regional Board

☐ Individual NPDES    ☐ General (filed NOI)    Does the facility have a SWPPP?    ☐ Yes    ☐ No

Facility's WID # : \_\_\_\_\_

Facility Type:    ☐ Industrial    ☐ Restaurant    ☐ Automotive Services    ☐ Retail Gas Outlet/Automotive Dealership

**OBSERVATIONS/NOTES**

Facility stores recreational vehicles. No vehicle maintenance performed onsite. Spill absorbent onsite. Lot inspected daily, dry sweep used for building and lot maintenance. Occasional vehicle washing performed by service. Wash water drained in yard and evaporated. BMPs discussed with operator. No violations observed.

This report is furnished to the facility representative as a measure to evaluate the implemented BMP's at your facility to prevent storm water pollution. Your facility may be subject to an enforcement action if the noted deficiencies are not corrected by: \_\_\_\_\_ to request reinspection to review the correction of deficiencies noted above. Please call the Fullerton Fire Department (714) 738-6500.

Storm water ordinances violated: \_\_\_\_\_

Facility Representative Signature: Arthur J. Romero    Date: 11/19/07  
Print name of Facility Representative: \_\_\_\_\_    Inspector: MINER

## ACTIVITIES ASSESSMENT CHECKLIST

ACTIVITIES - Check each activity present at the site and evaluate its potential for pollutant discharge (PPD): 1 = low potential, 2 = medium potential, 3 = high potential If Circled BMPs require your immediate attention - see back of this report.	APPLICABLE ACTIVITY			EFFECTIVENESS RATING*
	Yes	No	PPD	
A. BUILDING MAINTENANCE BMPs employed: <i>see notes</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	① ② ③ ④ ⑤
B. CONTAMINATED OR ERODIBLE SURFACE AREAS BMPs employed:	<i>NA</i>			① ② ③ ④ ⑤
C. OUTDOOR DRAINAGE FROM INDOOR AREAS BMPs employed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	① ② ③ ④ ⑤
D. OUTDOOR PROCESS EQUIPMENT OPERATIONS AND MAINTENANCE BMPs employed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	① ② ③ ④ ⑤
E. CONCRETE AND ASPHALT PRODUCTION, APPLICATION, AND CUTTING BMPs employed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	① ② ③ ④ ⑤
F. LANDSCAPE MAINTENANCE BMPs employed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	① ② ③ ④ ⑤
G. OUTDOOR LOADING/UNLOADING OF MATERIAL BMPs employed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	① ② ③ ④ ⑤
H. OUTDOOR STORAGE OF RAW MATERIALS/PRODUCTS/CONTAINERS BMPs employed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	① ② ③ ④ ⑤
I. PARKING-STORAGE AREA MAINTENANCE BMPs employed: <i>see notes</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	① ② ③ ④ ⑤
J. AIRPLANE MAINTENANCE AND REPAIR BMPs employed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	① ② ③ ④ ⑤
K. VEHICLE AND EQUIPMENT FUELING BMPs employed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	① ② ③ ④ ⑤
L. VEHICLE AND EQUIPMENT WASHING/STEAM CLEANING <i>LI</i> BMPs employed:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	① ② ③ ④ ⑤
M. PAINTING, FINISHING, and COATING of VEHICLES, BOATS, BUILDINGS, and EQUIPMENT BMPs employed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	① ② ③ ④ ⑤
N. VEHICLE AND EQUIPMENT MAINTENANCE AND REPAIR BMPs employed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	① ② ③ ④ ⑤
O. SPILL PREVENTION AND CONTROL BMPs employed:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	① ② ③ ④ ⑤
P. WASTE HANDLING AND DISPOSAL BMPs employed: <i>refuse to dump</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	① ② ③ ④ ⑤
Q. OVER WATER ACTIVITIES BMPs employed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	① ② ③ ④ ⑤
R. NURSERIES and GREENHOUSES BMPs employed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	① ② ③ ④ ⑤
S. CARPET CLEANING BMPs employed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	① ② ③ ④ ⑤
T. ANIMAL HANDLING AREAS BMPs employed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	① ② ③ ④ ⑤
U. POOL and FOUNTAIN CLEANING BMPs employed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	① ② ③ ④ ⑤
V. EATING and DRINKING ESTABLISHMENT BMPs employed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	① ② ③ ④ ⑤
M. OTHER (describe):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	① ② ③ ④ ⑤

① No BMPs used and stormwater pollution likely effective

② Some BMPs used but not effective

③ Some BMPs used and moderately

④ Source control BMPs used and very effective/structural BMPs needed effective

⑤ All necessary BMPs used and very

## VIOLATIONS

☒ No Violations noted on this date

☐ Illegal discharge(s) of pollutants

☐ Illegal connections

☐ Inadequate BMPs

☐ Other



City of Fullerton Fire Department  
Commercial/Industrial Inspection/Site Report Form

Site/File Executive RV Center

Date June 26, 2006

☒ First Inspection ☐ Second Inspection ☐ New Facility ☐ Response to Complaint ☐ Follow up

Facility Name: Executive RV Center Site Address: 2100 E. Orange Harbor Business Phone: (714) 680-0295

Contact Name: AS Phone: \_\_\_\_\_

SIC: \_\_\_\_\_ Facility Size: ~42000 ft<sup>2</sup>

Narrative SIC Description: Storage/wash/wax for RVs

Is the facility covered under any other permits? (Check all that apply)

☐ Air Quality ☐ Hazmat business plan ☐ Underground storage tanks ☒ Above ground storage tanks  
☐ Fire Dept. (Storage) ☐ Hazardous waste generator ☐ Other for propane

Is the facility covered under a storm water permit? ☐ Does not need coverage ☐ No, but may need to refer to Regional Board

☐ Individual NPDES ☐ General (filed NOI) Does the facility have a SWPPP? ☐ Yes ☒ No

Facility's WDID #: \_\_\_\_\_

Facility Type: ☐ Industrial ☐ Restaurant ☐ Automotive Services ☐ Retail Gas Outlet/Automotive Dealership

**OBSERVATIONS/NOTES**

- drain for wash area.
- clean out for dumping RV's facilities/toilets.
- ~~Bar~~ yard backs onto Vista point.
- BMPs discussed. Hand out left w/ A-J
- absorbant compound on site for oil leaks

This report is furnished to the facility representative as a measure to evaluate the implemented BMP's at your facility to prevent storm water pollution. Your facility may be subject to an enforcement action if the noted deficiencies are not corrected by: \_\_\_\_\_ to request reinspection to review the correction of deficiencies noted above. Please call the Fullerton Fire Department (714) 738-6500.

Storm water ordinances  
violated: .....

Facility Representative Signature: Arthur J. Pomeroy Date: June 26, 2006

Print name of Facility Representative: Arthur J. Pomeroy Inspector: Laura Rogers

## ACTIVITIES ASSESSMENT CHECKLIST

ACTIVITIES - Check each activity present at the site and evaluate its potential for pollutant discharge (PPD): 1 = low potential, 2 = medium potential, 3 = high potential [ ] Circled BMPs require your immediate attention - see back of this report.	APPLICABLE ACTIVITY			EFFECTIVENESS RATING*
	Yes	No	PPD	
A. BUILDING MAINTENANCE BMPs employed:	[ ]	NA	[ ]	① ② ③ ④ ⑤
B. CONTAMINATED OR ERODIBLE SURFACE AREAS BMPs employed:		NA		① ② ③ ④ ⑤
C. OUTDOOR DRAINAGE FROM INDOOR AREAS BMPs employed:	[ ]	NA	[ ]	① ② ③ ④ ⑤
D. OUTDOOR PROCESS EQUIPMENT OPERATIONS AND MAINTENANCE BMPs employed:	[ ]	NA	[ ]	① ② ③ ④ ⑤
E. CONCRETE AND ASPHALT PRODUCTION, APPLICATION, AND CUTTING BMPs employed:	[ ]	NA	[ ]	① ② ③ ④ ⑤
F. LANDSCAPE MAINTENANCE BMPs employed:	[ ]	NA	[ ]	① ② ③ ④ ⑤
G. OUTDOOR LOADING/UNLOADING OF MATERIAL BMPs employed:	[ ]	NA	[ ]	① ② ③ ④ ⑤
H. OUTDOOR STORAGE OF RAW MATERIALS/PRODUCTS/CONTAINERS BMPs employed:	[ ]	NA	[ ]	① ② ③ ④ ⑤
I. PARKING-STORAGE AREA MAINTENANCE BMPs employed:	[✓]	[ ]	[2]	① ② ③ ④ ⑤
J. AIRPLANE MAINTENANCE AND REPAIR BMPs employed:	[ ]	NA	[ ]	① ② ③ ④ ⑤
K. VEHICLE AND EQUIPMENT FUELING BMPs employed:	[ ]	NA	[ ]	① ② ③ ④ ⑤
L. VEHICLE AND EQUIPMENT WASHING/STEAM CLEANING BMPs employed:	[✓]	[ ]	[1]	① ② ③ ④ ⑤
M. PAINTING, FINISHING, and COATING of VEHICLES, BOATS, BUILDINGS, and EQUIPMENT BMPs employed:	[ ]	NA	[ ]	① ② ③ ④ ⑤
N. VEHICLE AND EQUIPMENT MAINTENANCE AND REPAIR BMPs employed:	[ ]	NA	[ ]	① ② ③ ④ ⑤
O. SPILL PREVENTION AND CONTROL BMPs employed:	[✓]	[ ]	[ ]	① ② ③ ④ ⑤
P. WASTE HANDLING AND DISPOSAL BMPs employed:	[✓]	[ ]	[ ]	① ② ③ ④ ⑤
Q. OVER WATER ACTIVITIES BMPs employed:	[ ]	NA	[ ]	① ② ③ ④ ⑤
R. NURSERIES and GREENHOUSES BMPs employed:	[ ]	NA	[ ]	① ② ③ ④ ⑤
S. CARPET CLEANING BMPs employed:	[ ]	NA	[ ]	① ② ③ ④ ⑤
T. ANIMAL HANDLING AREAS BMPs employed:	[ ]	NA	[ ]	① ② ③ ④ ⑤
U. POOL and FOUNTAIN CLEANING BMPs employed:	[ ]	NA	[ ]	① ② ③ ④ ⑤
V. EATING and DRINKING ESTABLISHMENT BMPs employed:	[ ]	NA	[ ]	① ② ③ ④ ⑤
M. OTHER (describe):	[ ]	[ ]	[ ]	① ② ③ ④ ⑤

\*① No BMPs used and stormwater pollution likely effective

② Some BMPs used but not effective

③ Some BMPs used and moderately

④ Source control BMPs used and very effective/structural BMPs needed effective

⑤ All necessary BMPs used and very

## VIOLATIONS

☒ No Violations noted on this date

☐ Illegal discharge(s) of pollutants





☐ Illegal connections

☐ Inadequate BMPs

☐ Other

**FULLERTON FIRE DEPARTMENT  
INSPECTION INFORMATION FORM**

District: **1327**

FACILITY INFORMATION	OWNER INFORMATION
Street No. <b>2100</b> Dir: <b>EAST</b> Street Name: <b>ORANGE THORPE</b> Street Type: <b>AVE</b> Unit: <b>B</b> Zip: <b>92831</b>	Facility Owner Name: <b>LE BARON INVESTMENTS</b> Facility Owner Phone: <b>680-3812</b>
FACILITY NAME: <b>EXECUTIVE R.V.</b>	Property Owner/Mgr.: <b>EDDIE FISHER</b> Property Owner Street: <b>2020 E. ORANGETHORPE</b>
Facility Phone: <b>680-0295</b> Fax: <b>680-3849</b> Inspection Contact: <b>A.J. POMEROY</b> Contact Phone: <b>680-0295</b> Email: <b>EXECUTIVERV@YAHOO.COM</b> Business License Number: <b>112056</b> Business License Exp.: <b>8-1-4</b> Business Type: <b>VEHICLE STORAGE</b>	Property Owner City/State/Zip: <b>FULL. CA. 92831</b> Property Owner Phone: <b>(949) 394-6716</b> Property Owner Fax: <b>680-3340</b> COMPLEX NAME: <b>EXECUTIVE R.V.</b> Number of Units: <b>9</b>
EMERGENCY INFORMATION	
#1 Emergency Contact: <b>A.J. POMEROY</b>	Day Phone: [REDACTED] Night Phone: [REDACTED]
#2 Emergency Contact: <b>BRAD FISHER</b>	Day Phone: [REDACTED] Night Phone: [REDACTED]
BUILDING INFORMATION	
No. of Private Hydrants: <b>YES-6</b> Hydrant W/I 500' (Y/N): <b>YES</b> Occupancy Group: Occupant Load: Construction Type: <b>CONCRETE TILT UP</b> Stories: <b>SINGLE</b> Roof Type: <b>BOW STRING</b> Common Attic (Y/N): <b>NO</b>	Sprinklered: <input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> No 5-Year Test Date: Gate Access Code: <b>WILL RESET IN TEN MINUTES</b> Fire Alarm Code: Supervisory Alarm (Y/N): <b>YES</b> Building Square Footage: Unit Square Footage:
Protection Systems: Knox Box Location: <b>BY WEST SIDE ROLL UP DOOR, ABOVE ENTRY DOOR</b> FDC Location: <b>ON ORANGETHORPE, BY WEST DRIVEWAY</b>	
ADDITIONAL INFORMATION	
SPECIAL INFORMATION - NOTES:  <b>← LIQUID PROPANE IN FRONT OF PROPERTY</b>  <b>← INSIDE WAREHOUSE</b>	
VIOLATIONS HISTORY <b>2-20-04 VIOLATIONS CORRECTED (ICOM)</b>	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <p><b>Executive RV Center</b>                          Inside &amp; Outside Storage                          Repairs * Detailing                          Body &amp; Paint                          Service * Sales</p> </div> <div style="text-align: right;"> <b>AJ Pomeroy</b>  <hr/> <p>(714) 680-0295                          (714) 680-3849 Fax                          2100 East Orangethorpe Avenue, Fullerton, California 92831</p> </div> </div>	
<div style="border: 1px solid black; padding: 5px;">                 Facility Number:                  Inspector: <b>8998</b>                  Shift: <b>3-B</b>                  Inspection Date: <b>12-19-3</b>                  Next FD Insp. Date:                  EPS Inspector:                  Next EPS Insp. Date:                  Hazmat (Y/N):                   UST (Y/N):                  AST (Y/N):                  Refer to Fire Prevention:             </div>	

MWNA-WZI 213588

# FULLERTON FIRE DEPARTMENT CORRECTION NOTICE

Date 12-19-03

Business Address 2100 E ORANGETHORPE Unit # \_\_\_\_\_

Business Name EXECUTIVE R.V. Center Phone No. 714 6800295

**THE FOLLOWING CORRECTIONS MUST BE MADE IMMEDIATELY IN ORDER TO COMPLY WITH THE REQUIREMENTS OF THE 2001 CALIFORNIA FIRE CODE AS ADOPTED BY THE CITY OF FULLERTON.**

The first compliance reinspection will be conducted on or about 01-20-04; please call (714) 738-6500 if you have any questions. Failure to make required corrections by the due date will result in an additional reinspection and a fee of \$110.00.

Under Method Cleared, use the following codes: MB=Mail Back card; R=reinspection; IN= corrected in my presence.

Date Method  
Cleared Cleared

\_\_\_\_\_ ☐ 901.4.4 **ADDRESS NUMERALS**  
Businesses must have address numbers plainly visible and legible from the street or road fronting the property and any alleyway serving the same property. Address numbers must contrast to the background.

2-20-04 R ☒ Title 25 **FIRE PROTECTION EQUIPMENT**  
A five-year certification test is required on ☒ Sprinkler System ☒ Standpipes \_\_\_\_\_ private fire hydrant.  
C.A.C.  
1-20-04 R ☒ 1002.1 Provide 1 extinguishers of the following type: 2A:10BC Minimum Rating. The extinguisher must have a California State Fire Marshal's tag.  
\_\_\_\_\_ ☐ 1001.5.2 \_\_\_\_\_ Extinguishers must be serviced annually. \_\_\_\_\_ Kitchen hood extinguishing systems must be serviced semi-annually.

\_\_\_\_\_ ☐ 1203 **EXITS**  
All exits and exit doors must be unobstructed.  
\_\_\_\_\_ ☐ 1212 Exit signs shall be installed at required exit doorways and where otherwise necessary to indicate the direction of egress when the exit serves an occupant load of 50 or more.  
\_\_\_\_\_ ☐ 1206 All security bars on windows in sleeping rooms must have a release mechanism openable from the inside.

\_\_\_\_\_ ☐ 8504 **ELECTRICAL**  
Circuit breakers may not be taped or secured in the "ON" position. Note: Exit light/Fire Alarm circuits have lock-on devices.  
2-20-04 R ☒ 8506.1 Extension cords are prohibited and shall not be used as a substitute for permanent wiring.  
2-20-04 R ☒ 8507 Multi-plug adapters are prohibited unless equipped with U.L. listed circuit breakers.  
\_\_\_\_\_ ☐ 8509.2 Minimum 30" clearance shall be provided in front of electrical panels.

\_\_\_\_\_ ☐ 1001.7.1 **HOUSEKEEPING/REPAIRS**  
Access clearance shall be provided around fire-protection equipment.  
\_\_\_\_\_ ☐ 1112 \_\_\_\_\_ All missing ceiling tiles must be replaced. \_\_\_\_\_ All holes in walls and/or ceiling must be repaired.  
\_\_\_\_\_ ☐ 1103.3.2 Storage inside buildings shall be \_\_\_\_\_ Orderly/\_\_\_\_\_ 18 inches Below the Sprinkler Head/\_\_\_\_\_ Not in Attics or Under Floors.

\_\_\_\_\_ ☐ H&SC **HAZARDOUS MATERIALS**  
A Hazardous Materials Disclosure must be submitted for 55 gallons, 500 pounds, or 200 cubic feet of a hazardous material.  
\_\_\_\_\_ ☐ 8001.7 Provide approved placarding for building. Appropriately label chemical or hazardous waste containers.

\_\_\_\_\_ ☐ 1007.2.9.2 **SMOKE DETECTORS**  
Smoke detector shall be provided in every existing guest room in a hotel, motel, dwelling unit, or central hall of an apartment.

\_\_\_\_\_ ☐ 7401.6.4 **COMPRESSED GASES**  
Compressed gas containers, cylinders, and tanks shall be secured by an approved method to prevent falling.

\_\_\_\_\_ ☐ 105 **OBTAIN PERMIT(S) FOR THE FOLLOWING:**  
2-20-04 R ☒ 8804 COVER PLATE FOR ELECTRICAL PLUGS

**PLEASE CORRECT ALL VIOLATIONS IMMEDIATELY. FAILURE TO DO SO BY THE DATE INDICATED WILL RESULT IN A SUBSEQUENT REINSPECTION AND A REINSPECTION FEE OF \$100.00 BEING ASSESSED.**

Inspector Wally M. [Signature] FFD Company/Shift 3B Received By [Signature]  
October 2001 White copy - Fire Prevention Yellow Copy - Owner/Operator

MWNA-WZI 213589

1-22-04

a.g.p.

RE-INSPECT DATE, 5 yr TEST SPRINKLER SYSTEM  
WAS in progress

WILL REINSPECT FOR completion Feb. 16, 2004



**CITY OF FULLERTON FIRE DEPARTMENT**  
312 East Commonwealth Ave., Fullerton, Calif. 92632 — Phone (714) 738-6500

EMERGENCY DIAL

911

NUMBER <b>2100</b>	FRAC.	DIR. <b>E</b>	STREET <b>Orange Thorne</b>	<b>FILE</b>	UNIT NO.
BUSINESS NAME <b>Executive RV Center</b>			BUSINESS TELEPHONE <b>680-0295</b>		
MAILING ADDRESS - NAME		NUMBER, STREET		CITY, STATE, ZIP	
CONTACT 1 <b>Brad Fischer</b>			PHONE [REDACTED]		
CONTACT 2 <b>Brya Wilson</b>			PHONE [REDACTED]		
OCC CODE	KNOX-BOX EXT. SYSTEM	DETECTORS	PERMITS	EXPIRATION DATE	GRID <b>1327</b>
ACTIVITY DATE <b>5/31/02</b>	ACTIVITY CODE <b>DS</b>	INSP COMPANY <b>KP2</b>	EMPLOYEE NO. <b>322</b>	INSPECTION TIME	TOTAL TIME

COMMENTS

Update by completing new  
Hazardous Material Disclosure info  
for propane + Gasoline + diesel  
(Molanga Has waste + new oil)

AN INSPECTION OF YOUR FACILITY REVEALED THE FOLLOWING VIOLATIONS:

**ORDER TO COMPLY:** As such conditions are contrary to law, you are required to correct them immediately upon receipt of this Notice. An inspection to determine whether or not you have complied with this Notice will be conducted on **6/3/02**. Failure to comply with the foregoing Notice before the reinspection date will render you liable to the penalties provided by law for such violations.

*Conrad Allen*  
Inspector

*X. B. Smith*  
Occupant

- ☒ First Inspection  
☐ Final Inspection  
☐ Issue Citation



Printed on  
recycled paper

FIRE DEPT. COPY

REV. (3/91)

MWNA-WZI 213591





NUMBER 2100	FRAC. E	DIR. Orangethorpe	STREET	UNIT NO.
BUSINESS NAME Executive R.V. Ctr.			BUSINESS TELEPHONE (714) 680-0295	
MAILING ADDRESS - NAME		NUMBER, STREET	CITY, STATE, ZIP	
CONTACT 1 Brad Fischer			PHONE [REDACTED]	
CONTACT 2 Bryan Wilson			PHONE [REDACTED]	
OCC CODE 15	KNOX-BOX	EXT. SYSTEM	DETECTORS	PERMITS
EXPIRATION DATE	GRID 1327	INSP GROUP 06	INSP FREQ	FIRST-IN COMPANY
ACTIVITY DATE 10/15/97	ACTIVITY CODE INS	INSP COMPANY FP2	EMPLOYEE NO. 322	INSPECTION TIME
				TOTAL TIME

BR21167

COMMENTS

- Hazardous Disclosure Inspection  
- BEP OK -
- Sprinkler system should be certified every 5 years.
  - 11/19/97 Provide absorbent material @ waste oil storage
  - 11/19/97 Provide Number address on structure by Business name.
  - 11/19/97 Provide NFPA placard on Propane tank & at entrances of warehouse.
  - 11/19/97 Label all drums @ with product/cats
  - 11/19/97 Label empty - if drum are empty -
  - 11/19/97 Provide Exit signs @ all Exit doors
  - 11/19/97 Exits shall not be blocked or obstructed
  - 11/19/97 Provide Inv. page for fuel/diesel for vehicle storage

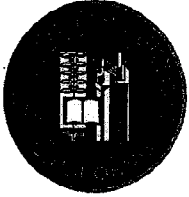
AN INSPECTION OF YOUR FACILITY REVEALED THE FOLLOWING VIOLATIONS:	
11/23/99 all items corrected C. Alb.	
<b>ORDER TO COMPLY:</b> As such conditions are contrary to law, you are required to correct them immediately upon receipt of this Notice. An inspection to determine whether or not you have complied with this Notice will be conducted on <u>Nov 15, 1997</u> . Failure to comply with the foregoing Notice before the reinspection date will render you liable to the penalties provided by law for such violations.	
<u>Cornel Alb.</u> Inspector	<u>X Brady Fisher</u> Occupant

- ☒ First Inspection  
☐ Final Inspection  
☐ Issue Citation



PRINTED ON RECYCLED PAPER





## CITY OF FULLERTON

Fire Department

June 2006

Dear Business Owner:

2100 E OT

**SUBJECT: BUSINESS EMERGENCY PLAN - HAZARDOUS MATERIALS DISCLOSURE**

Your business in our city is very important to us, and the City of Fullerton appreciates the opportunity to serve you. The proper handling of hazardous materials is a serious concern of the community, and your cooperation and prompt completion of your Business Emergency Plan are a method by which your business and the community can be protected. Fullerton Fire Department is requesting that your business complete the enclosed forms.

As the local Administrating Agency pursuant to Chapter 6.95 of the California Health and Safety Code, Fullerton Fire Department is charged with the local responsibility for the collection of information required to be disclosed under this law by all the handlers of hazardous materials within the city.

Under State and Federal laws, all businesses must update hazardous material inventory and business information annually. Please complete the enclosed Hazardous Material Disclosure forms and return them to the Fullerton Fire Department within 30 days. Please mail completed forms to:

**Fullerton Fire Department**  
Attn: Fire Prevention/Haz-Mat Disclosure  
312 E. Commonwealth Ave  
Fullerton, CA 92832

Fullerton Fire Department will assess late fees at the following rate for businesses filing after the 30 day deadline:

30 days late 20%, 60 days late 30%  
90 days late 40%, 120 days late 50%

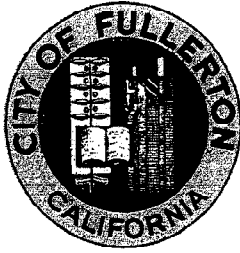
Thank you for your cooperation. If you have any questions or require assistance please call me at 714/738-3119.

Sincerely,

Corrie Allen  
Hazardous Material Specialist

Enc





## FIRE DEPARTMENT

312 East Commonwealth Avenue, Fullerton, California 92832-2099

**Dan Chidester, Fire Chief**

Telephone (714) 738-6500

Administration Fax (714) 738-5355

Community Safety and Services Division Fax (714) 738-3392

Website: [www.ci.fullerton.ca.us](http://www.ci.fullerton.ca.us)

May 17, 2001

Executive RV Center  
2100 E. Orangethorpe Ave.  
Fullerton, CA 92831

**FILE**

Dear Business Owner/Operator:

Subject: Delinquent Fire Department Permit Fees at: 2100 E. Orangethorpe Ave.  
BR 21104

The above subject facility is severely out of compliance with respect to the payment of Fire Department permit fees. Inasmuch as City of Fullerton Resolution #8785 allows for the collection of fees for activities permitted by the California Fire Code, failure to pay the requested fees is a violation of law.

Be advised that the amount owed must be paid immediately or the related permit(s) issued for the above site will be revoked. Operation of permitted processes without a valid permit is in violation of City Ordinance and the California Fire Code. Please pay the amount shown on the attached invoice(s) within 15 days. Failure to do so will result in permit revocation and filing a claim with the City Attorney, which may result in additional penalties.

If you have any questions, please contact me at (714) 738-6500.

Sincerely,

A handwritten signature in black ink, appearing to read "Julie A. Kunze".

Julie A. Kunze  
Fire Marshal

A handwritten signature in black ink, appearing to read "Paul", followed by the date "5-29-01".



MWNA-WZI 213594

August 1, 1989

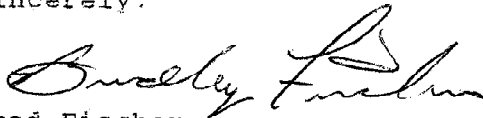
Fullerton Fire Department

RE: Propane Tank

We, Executive RV Center, will paint in red "No Parking" on the ground near the propane tank as required.

If that "No Parking" area is violated, we will install a fence around the tank as required.

Sincerely,

A handwritten signature in cursive script, appearing to read "Brad Fischer".

Brad Fischer  
Manager  
Executive RV Center  
714 680-0295



UNION CARBIDE CORPORATION  
LINDE DIVISION

100 OCEANGATE, LONG BEACH, CALIFORNIA 90802 • (213) 435-3721

**FILE**

MARKETING —  
INDUSTRIAL GASES

June 16, 1982

Fullerton Fire Department  
312 E. Commonwealth  
Fullerton, Calif. 92632

Attention: Inspector Thompson

Gentlemen:

In regard to our recent discussion on the nitrogen storage system at Trent Tube, this letter confirms the system to be designed for gaseous nitrogen only.

Since the system will not be exposed to liquid nitrogen temperatures, carbon steel piping and fittings are acceptable for a proper and safe design.

If you have any further questions, please contact me.

Sincerely,

UNION CARBIDE CORPORATION  
Linde Division

*M.E. Barry*  
M. E. BARRY  
Process Engineer

MEB/ect



MWNA-WZI 213596

# CITY OF FULLERTON

TO Capt. Hund DEPT. Fire, Station 3  
FROM Inspector Thompson DEPT. Fire Prevention  
SUBJECT 24 Hour pressure test on DATE July 16, 1982  
nitrogen system

On July 16, 1982 at 1:45 P.M. a pressure test of 150 lbs. was begun on the nitrogen piping system at Trent Tube, 2100 East Orangethorpe. This test must be maintained for a 24 hour period. Since the bureau is not open on Saturday, I respectfully request that you return to Trent Tube sometime after 1:45 P.M. on July 17, 1982, and witness the completion of the test. Please call Steve Cornell, Maintenance Foreman, at 526-5522 to make arrangements to meet him at the above location. The gauge for reading the test pressure is located at the manual shut off valve inside the building near the furnace location.

Thank you!

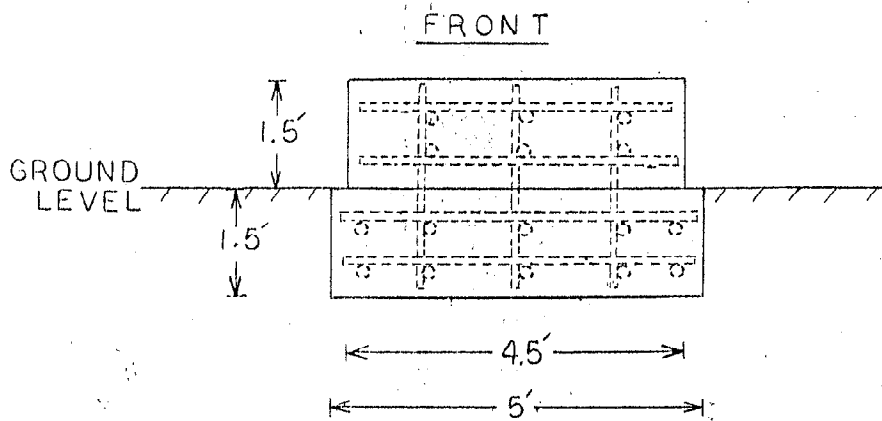
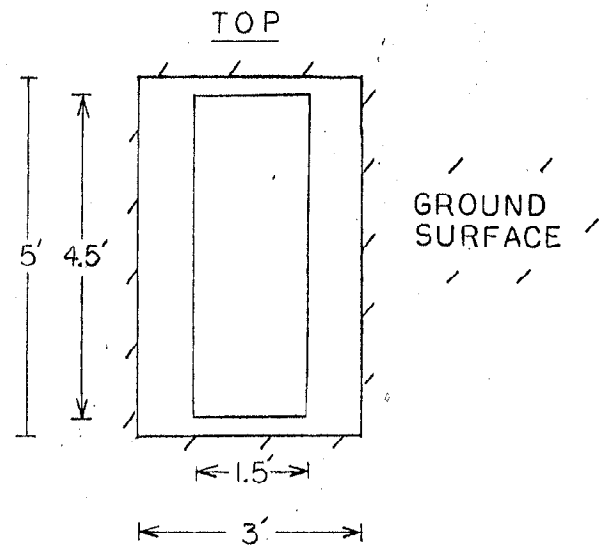
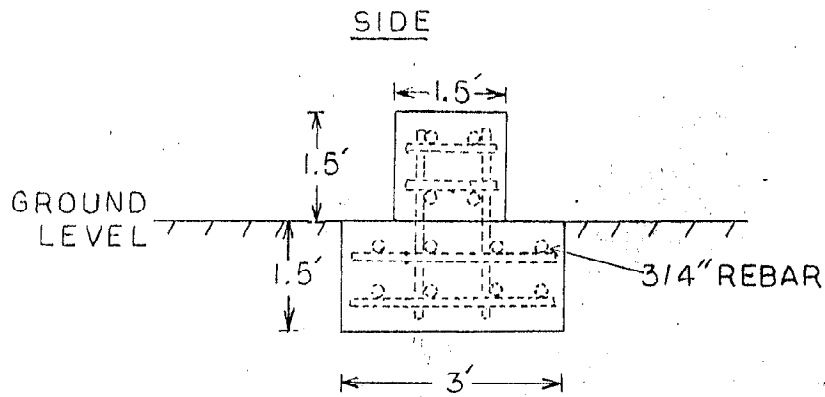
C. Thomas Thompson  
C. Thomas Thompson  
Fire Prevention

Test begin: 1:45 pm 7/16/82 (en)

Test end : 1:345 Witness pressure release and guage to 0.

PLEASE RETURN ALL PAPER WORK TO BUREAU ON MONDAY. (PS) PUT IT IN VAN.

MWNA-WZI 213597



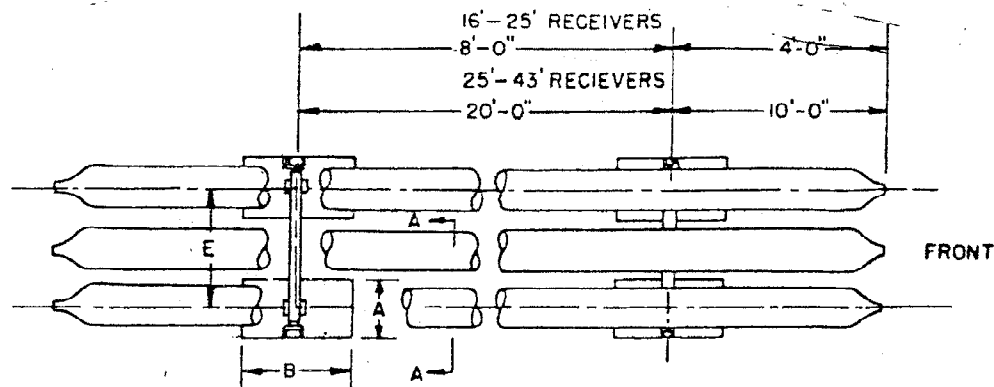
## TRENT TUBE

CONCRETE PADS (1156#/ft<sup>2</sup>)  
TO SUPPORT  
SIX N<sub>2</sub> TUBES (WT: 15600#)

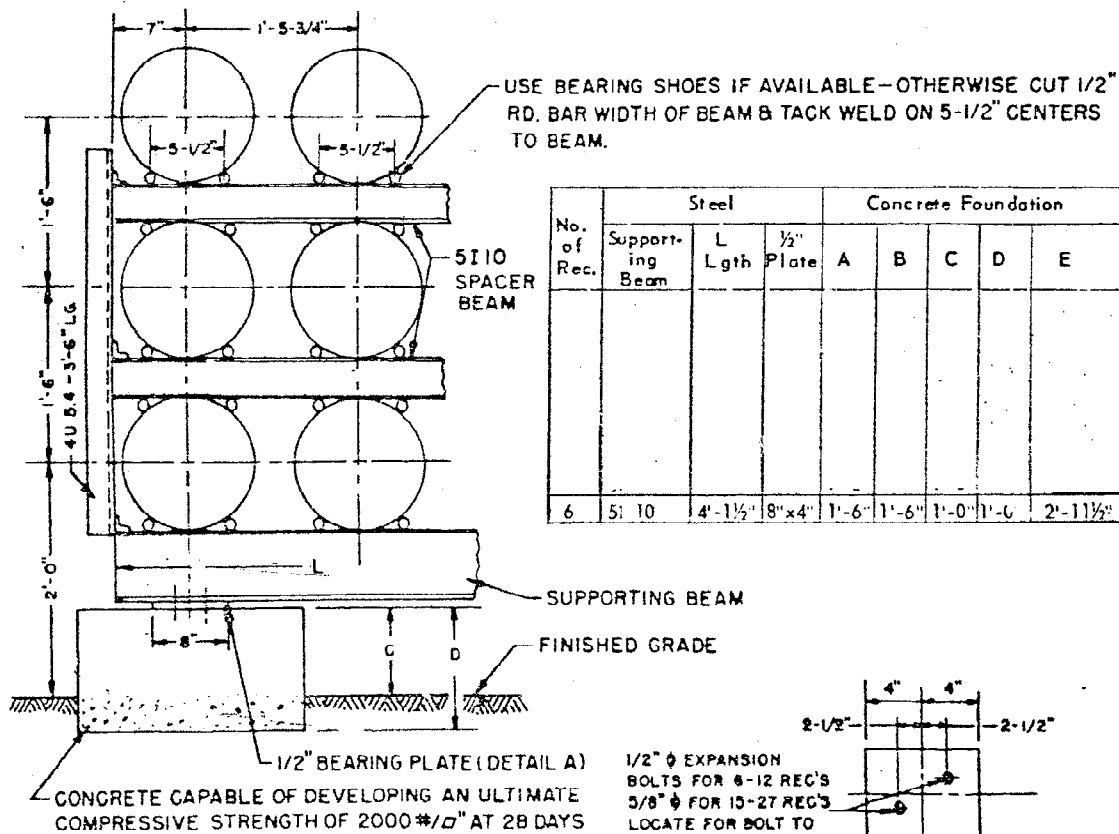
MWNA-WZI 213598

# TRIENT TUBE

6 N<sub>2</sub> Tubes - 3 across & 2 high



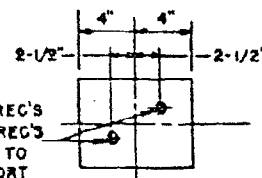
PLAN



SECTION A-A

No. of Rec.	Steel			Concrete Foundation				
	Supporting Beam	L Lgth	1/2" Plate	A	B	C	D	E
6	51 10	4'-1 1/2"	8" x 4"	1'-6"	1'-6"	1'-0"	1'-6"	2'-11 1/2"

1/2"  $\phi$  EXPANSION BOLTS FOR 6-12 REC'S  
3/8"  $\phi$  FOR 13-27 REC'S  
LOCATE FOR BOLT TO PASS THRU SUPPORT BEAM



DETAIL A

High Pressure Receiver Rack



Colt  
Industries



Interoffice

To R. Dickson

From D. W. Hayward

Location Fullerton

Location New York

Subject Fire Insurance  
Fullerton Plant

Date April 2, 1970

Attached is a copy of the FIA Inspection Report of October 31, 1969 which was just received in Mr. Stetina's office. Mr. Stetina has left Colt and until further notice, will you direct his correspondence to me.

Our broker feels and we agree, that particular attention should be given to Recommendations #69-1, #69-5, #69-6 and #69-7. I would appreciate your comments on the action you intend to take and on any other recommendations in this report.

DWH/si

enc.

cc: R. Vey

would appreciate  
for recon

MWNA-WZI 213600



# INSPECTION REPORT

Conferred with

Mr. Hartfel, Plant Engineer

## FACTORY INSURANCE ASSOCIATION

EASTERN REGIONAL OFFICE  
65 WOODLAND STREET  
HARTFORD, CONNECTICUT 06102

Property of CRUCIBLE, INCORPORATED  
COLT INDUSTRIES DIVISION  
2100 E. ORANGETHORPE AVENUE  
FULLERTON, ORANGE COUNTY, CALIFORNIA

A B C  
CONFIDENTIAL  
This report should be made available only to authorized persons.

File No. P-2183-E  
Key File No. E-7089 (69-7)  
By R.B. Snider  
Date Oct. 31, 1969 Hrs. 4

SPRINKLERS: Are not adequate.	IMPAIRMENT NOTIFICATION: Good	RED TAGS USED? Yes
VALVES: Are sealed.	WELDING & CUTTING: Fair	TAGS USED? To be
WATERFLOW ALARMS: Local, Central Station	ELECTRICAL EQUIPMENT: Good	
SUPERVISORY COVERS: Waterflow, valves and MFA boxes	MAINTENANCE: Good	
PLANT OPERATION: 5 days 8 am to 5 pm	CLEANLINESS: Good	
WATCHMAN SERVICE: None satisfactory.	SMOKING: Is controlled.	
ROUNDS:	NATURE OF RISK: Metal worker	
PORTABLE FIRE EQUIPMENT: Is adequate.	PRODUCT: Stainless Steel Tube	
RECORDED SELF-INSPECTIONS: None	CONSTRUCTION: 1 story 100% masonry joist	
PRIVATE FIRE BRIGADE: None	FIRE DIVISIONS: Normal	
PUBLIC FIRE DEPT: Good-Paid	SPECIAL HAZARDS: Special atmosphere furnaces solvent washing of steel tubing, not well cared for.	
WATER SUPPLIES: Good	HIGH PILING (ft.): None	PROTECTED:

If there are any questions concerning the recommendations on this report or you have alternate solutions for them, please contact us.

### RECENT CHANGES AND COMMENTS

A new 20,000 lb. draw bench is in the process of being installed.

### INSPECTOR'S RECOMMENDATIONS:

- 69-1 The following protection should be provided for the 55' presoak kerosene wash tank:
- a - Two overflow pipes of not less than 4" diameter should be installed to safely drain the kerosene outside in the event of an emergency.
  - b - A fixed pipe double shot automatic foam system should be installed on this tank.
  - c - Draft curtains, as low as clearance permits, should be placed to cut off the presoak tank.
  - d - A bottom tank drainage system using two 8" or larger pipes from the bottom of the tank and a pumping system which will automatically or manually drain the kerosene to a safe location outside in the event of an emergency.
  - e - A ventilation system using a low level pick-up should be installed to exhaust fumes that may collect in the degreaser pit (located beside the unit-steam

WATER SUPPLIES	TEST RESULTS					
	G.P.M.	Flow Location	Static	Resid.	Pres. Location	Tested:
One 8" conn. to 1-12" city main in E. Orangethorpe Avenue	420	ASR #1	70	60	Same	10/31/69 RBS
Fire Dept. Conn. One						Highest Spr. 16

This report remains the sole and exclusive property of the Factory Insurance Association, and any reproduction or distribution thereof to unauthorized persons, without the written permission of the Association, is unlawful. NBC 4

7-5

N-20-8 ED. 6-68

MWNA-WZI 213601

69-1 (Continued)

heated).

- f - Perimeter vent - A perimeter vent system using mechanical draft exhaust to the outside, providing adequate ventilation for the kerosene tank should be provided, to maintain the surface air below the L.E.L. with a safety factor of 4.

69-2 An open head deluge system of sprinkler protection should be provided for the cooling tower located against the west wall. The system should be hydraulically calculated to .5 gpm per sq. ft. Plans should be submitted to F. I. A. prior to installation for review and approval.

69-3 The following controls should be provided for the Parker Boiler:

- a - Fuel pressure supervision shall be provided by approved pressure switches interlocked to accomplish a non-recycling safety shutdown in the event of either high or low fuel gas pressure.
- b - An approved safety shut-off valve of the manual reset type shall be provided in the main gas line to the burner. An approved safety shut-off valve shall be provided downstream from the manual reset valve. A normally open, fully ported, electrically operated valve shall be provided in a vent line connected between the two safety shut-off valves. The vent pipe shall be run to the outside atmosphere. The size of the vent line shall be 1½". A manually operated lubricated plug cock shall be located downstream of both safety shut-off valves to permit leakage testing of the valves.

69-4 Automatic sprinkler protection on wood worker schedule should be provided for the 24' X 64' Carpenter Shop Canopy located 50' from the NE corner of the plant.

69-5 All flammable liquids should be removed from the maintenance area where welding is frequently done. F. I. A.'s welding tag system or a similar system should be used.

69-6 Care and maintenance of fire protection equipment should be made the responsibility of a competent employee and weekly inspection of fire protection equipment should be made with report filled out, reviewed by the superintendent or other official with authority to have deficiencies corrected, and filed for examination by Factory Insurance Association representative. Impairments to any fire protection equipment should be reported to the local Factory Insurance Association Office, such notification to be as much in advance of actual impairment as possible.

69-7 A private fire brigade should be organized, trained and drilled at regular intervals.



381-3861  
INDUSTRIAL SECTION

**CHARLIE HAMMONS**  
SAFETY ENGINEER

DIVISION OF INDUSTRIAL SAFETY  
DEPARTMENT OF INDUSTRIAL RELATIONS  
STATE OF CALIFORNIA



3460 WILSHIRE BLVD.  
LOS ANGELES

**Memorandum**

To : CAPT. PRESTON PYEATTE  
FIRE PREVENTION BUREAU  
312 E. Commonwealth Ave.  
Fullerton

Date : 3-14-67

Subject : Trent Tube Co.  
2100 E. Orangefhorpe  
Fullerton

From : Department of Industrial Relations

1. Requirements have been written for the new 2,250 gal. anhydrous ammonia installation at this plant to:
- 1) install corrosion pads where saddles contact the cement pad
- 2) install in such a manner as to permit expansion and contraction
- 3) install protection against damage by hydrogen trailers and other vehicles
- 4) secure loading connection to a concrete bulk-head designed to withstand a horizontal pull of 2,000 lbs. in any direction, or equivalent.
- 5) minimum personal protection including; a gas mask, goggles, boots, slicker, deluge shower and eye bubbler, ammonia first-aid kit and suitable fire fighting equipment.

*C. Hammons*

**CHARLIE HAMMONS**  
SAFETY ENGINEER  
State Dept. of Industrial Relations  
Division of Industrial Safety  
1624 W. 19TH ST.  
SANTA ANA, CALIF. 92705 547-1603



Fullerton Fire Dept.  
312 E Commonwealth Ave  
Fullerton  
CA 92832  
(714) 738-6500

# FACILITY INFORMATION

## BUSINESS ACTIVITIES

Page 1 of \_\_\_\_\_

### I. FACILITY IDENTIFICATION

FACILITY ID #	3 0	EPA ID # (Hazardous Waste Only)	2
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)	GUARDIAN STORAGE INC. EXECUTIVE CENTER		

### II. ACTIVITIES DECLARATION

**NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page (OES Form 2730).**

Does your facility...	If Yes, please complete these pages of the UPCF...	
<b>A. HAZARDOUS MATERIALS</b> Have onsite (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4	<input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
<b>B. UNDERGROUND STORAGE TANKS (USTs)</b> 1. Own or operate underground storage tanks? 2. Intend to upgrade existing or install new USTs? 3. Need to report closing a UST?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 5 <input type="checkbox"/> YES <input type="checkbox"/> NO 6 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 7	<input checked="" type="checkbox"/> UST FACILITY (Formerly SWRCB Form A) <input checked="" type="checkbox"/> UST TANK (one page per tank) (Formerly Form B) <input checked="" type="checkbox"/> UST FACILITY <input checked="" type="checkbox"/> UST TANK (one per tank) <input checked="" type="checkbox"/> UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) <input checked="" type="checkbox"/> UST TANK (closure portion—one page per tank)
<b>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</b> Own or operate ASTs above these thresholds: —any tank capacity is greater than 660 gallons, or —the total capacity for the facility is greater than 1,320 gallons?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 8	NO FORM REQUIRED TO CUPAS
<b>D. HAZARDOUS WASTE</b> 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? 3. Treat hazardous waste onsite?  4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 9 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 10 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 11  <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 12 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 13 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 14	<input checked="" type="checkbox"/> EPA ID NUMBER—provide at the top of this page <input checked="" type="checkbox"/> RECYCLABLE MATERIALS REPORT (one per recycler) <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Form 1772) <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A, B, C, D, and L) <input checked="" type="checkbox"/> CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) <input checked="" type="checkbox"/> REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) <input checked="" type="checkbox"/> HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
<b>E. LOCAL REQUIREMENTS</b> Cal-ARP: California Accidental Release Prevention Program H&SC Chapter 6.95, Article 2, §25531 et seq —Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 15	4 REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)

8-15-11



**FACILITY INFORMATION**

**BUSINESS OWNER/OPERATOR IDENTIFICATION**

Page \_\_\_\_\_ of \_\_\_\_\_

OC UPCF 9/99

OES Form 2730

MWNA-WZI 213606



Fullerton Fire Dept.  
312 E Commonwealth Ave  
Fullerton  
CA 92832

(714) 738-6500

CITY OF FULLERTON FIRE DEPARTMENT

312 E. COMMONWEALTH AVE., FULLERTON, CA 92832

714-738-6500 FAX 714-738-3392

CHEMICAL DESCRIPTION - ONE PAGE PER MATERIAL PER BUILDING OR AREA

HAZARDOUS MATERIALS INVENTORY

☐ ADD

☐ DELETE

☐ REVISE

200

Page \_\_\_ of \_\_\_

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)

Guardian Storage Inc., DBA Executive RV Center

CHEMICAL LOCATION

In front of building

CHEMICAL LOCATION  
CONFIDENTIAL -  
EPCRA

☐ Yes ☐ No

FACILITY ID #

30

MAP # (optional)

203

GRID # (optional)

204

II. CHEMICAL INFORMATION

CHEMICAL NAME

Liquefied Petroleum Gas

COMMON NAME

Propane

CAS #

68476857

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

HAZARDOUS MATERIAL  
TYPE (Check one item only)

☒ a. PURE

☐ b. MIXTURE

☐ c. WASTE

211

RADIOACTIVE

☐ Yes

☒ No

CURIES

213

PHYSICAL STATE  
(Check one item only)

☐ a. SOLID

☒ b. LIQUID

☐ c. GAS

214

LARGEST CONTAINER

425 gals.

215

FED HAZARD CATEGORIES  
(Check all that apply)

☒ a. FIRE

☐ b. REACTIVE

☐ c. PRESSURE RELEASE

☐ d. ACUTE HEALTH

☐ e. CHRONIC HEALTH

216

AVERAGE DAILY  
AMOUNT

375 gals.

MAXIMUM DAILY  
AMOUNT

425 gals.

ANNUAL WASTE  
AMOUNT

STATE WASTE  
CODE

UNITS\*  
(Check one item only)

☒ a. GALLONS

☐ b. CUBIC FEET

☐ c. POUNDS

☐ d. TONS

DAYS ON  
SITE

STORAGE CONTAINER  
(Check all that apply)

☒ a. ABOVEGROUND TANK

☐ b. UNDERGROUND TANK

☐ c. TANK INSIDE BUILDING

☐ d. STEEL DRUM

☐ e. PLASTIC/NONMETALLIC DRUM

☐ f. CAN

☐ g. CARBOY

☐ h. SILO

☐ i. FIBER DRUM

☐ j. BAG

☐ k. BOX

☐ l. CYLINDER

☐ m. GLASS BOTTLE

☐ n. PLASTIC BOTTLE

☐ o. TOTE BIN

☐ p. TANK WAGON

☐ q. RAIL CAR

☐ r. OTHER

STORAGE PRESSURE

☐ a. AMBIENT

☐ b. ABOVE AMBIENT

☐ c. BELOW AMBIENT

STORAGE TEMPERATURE

☐ a. AMBIENT

☐ b. ABOVE AMBIENT

☐ c. BELOW AMBIENT

☐ d. CRYOGENIC

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS #

1 226

227

☐ Yes ☐ No

228

229

2 230

231

☐ Yes ☐ No

232

233

3 234

235

☐ Yes ☐ No

236

237

4 238

239

☐ Yes ☐ No

240

241

5 242

243

☐ Yes ☐ No

244

245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

246

If EPCRA, Please Sign Here:

Part II





CITY OF FULLERTON FIRE DEPARTMENT  
312 E COMMONWEALTH AVE., FULLERTON, CA 92832  
Telephone: (714) 738-6500 / FAX: (714) 738-3392

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	
1	Water Canal														1
2															2
3	<div style="border: 1px solid black; padding: 10px; text-align: center;">Inside Vehicle storage area</div>														3
4															4
5															5
6															6
7															7
8															8
9															9
10															10
11	<div style="border: 1px solid black; padding: 5px; text-align: center;">Offices (BEP)</div>														11
12															12
13															13
14															14
15															15
16	parking														16
17	Orangethorpe Ave.														17
(Building Front)															
BUSINESS NAME															
Executive RV Center											DATE 8/15/11				
ADDRESS															
2100 E. Orangethorpe Ave, Fullerton											CITY ZIP 92831				

Site map # \_\_\_\_\_



**CITY OF FULLERTON FIRE DEPARTMENT**  
**312 E. COMMONWEALTH AVE., FULLERTON, CA 92832**  
**Telephone: (714) 738-6500 / FAX: (714) 738-3922**  
**BUSINESS EMERGENCY PLAN (BEP)**

Please read the instructions prior to completing this Business Emergency Plan. Print legibly in black ink or type the information. Make a copy for your records. Return the completed original forms, with UPCF Owner/Operator and Hazardous Materials reporting forms to:

City of Fullerton Fire Department  
312 E Commonwealth Ave  
Fullerton, CA 92832

**Mark one box only:**

- ☐ New Business Emergency Plan (BEP)  
☐ Updated BEP: Required review & update of BEP every three (3) years  
☒ Updated BEP: Changes in business operation and/or personnel require new BEP with current information.

Business Name

*Guardian Storage Inc., DBA Executive RV Center*

Address

*2100 E. Orangewood Ave., Fullerton, CA 92831*

I certify under penalty of law that I have personally examined and am familiar with the information submitted; and that the Business Plan submitted meets the requirements of Chapter 6.95 Health & Safety Code & Title 19, §2729 *et seq.*

Owner/Operator Name (Print)

*Brad Fischer*

Signature

*Brad Fischer*

Date

*8/15/11*

BEP Prepared By (Print)

*Brad Fischer*

Signature

*Brad Fischer*

Date

*8/15/11*

**INCIDENT vs. RESPONSE**

If you have a release or a threatened release of hazardous materials and require emergency response, call 911. If you have a release or threatened release that is not an Emergency as described here, then 911 can be omitted, go to the Notification requirement below.

**Person responsible for calling 911:**

A hazardous materials **Incident** is a spill or release that can be absorbed, neutralized or otherwise controlled at the time of release; and can be controlled by the employees in the immediate work area or by maintenance personnel without exposure or health & safety hazards.

A hazardous material **Response** requires a response effort by employees from outside the immediate release area, or by other designated responders (e.g. fire dept), to an occurrence that results, or is likely to result, in an uncontrolled release of a hazardous substance.

**NOTIFICATION**

Both **Incidents** and **Responses** are considered releases/spills for the purpose of notification. Your business shall provide an immediate, verbal report of any release or threatened release of a hazardous material to the Administering Agency and State OES as soon as: 1) a person has knowledge of the release or threatened release; and 2) notification can be provided without impeding immediate control of the release or threatened release. Those numbers are:

State Office of Emergency Services (OES): (800) 852-7550 or (916) 845-8911

Fullerton Fire Department (714) 738-6500

**Person responsible for calling CUPA and OES:**

**WHEN COMPLETING SECTIONS BELOW USE ADDITIONAL PAGES OR ATTACHEMENTS AS NEEDED**

1. Identify the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous materials:

Hospital/Clinic			
St. Jude Heritage Medical Group			
Address		City	Zip Code
2720 N. Harbor Blvd Suite 130		Fullerton	92835
		Phone Number	
		(714) 449-6200	

2. Does your business have an on-site emergency response team? ☐ Yes ☒ No  
List Names & Titles of each person on response team.

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3. Describe your business's procedures in the event of a release or threatened release of hazardous materials. Include all activities for the mitigation, prevention, or abatement of hazards to persons, property, or the environment such as:

- a) Actions taken to prevent a release from occurring.
- b) Actions or equipment to prevent a release from spreading.
- c) Actions for stopping a release.
- d) Methods for clean up and disposal of released materials.

Include attachments as necessary

In the event of a leak, our first response would be to notify the Fire Department and our propane supply company. Propane dissipates into the air so no clean up is possible.

4) Describe your facility emergency notification and evacuation procedure. What communications or alarms are used? How do these operate during a power failure? Specify emergency exits and employee staging areas.

Any emergency notification would be done personally.

5) Identify all areas of the facility and mechanical or other systems that require immediate inspection or isolation because of their vulnerability to earthquake related ground motion.

The propane tank, which is near the front entrance at the front of the building.

**EMPLOYEE TRAINING PROGRAM** – The training program shall, at a minimum, include:

- a) methods for safe handling of hazardous materials;
- b) procedures for coordination with local emergency response organizations;
- c) use of emergency response equipment and supplies under the control of the handler, and
- d) implementation of the Business Emergency Plan and notification requirements.

*Trained By supervisor to Find L.P.G. and know where Emergency cut off is.*

# FULLERTON FIRE DEPARTMENT BUSINESS EMERGENCY PLAN

Please read the attached instructions (blue page), complete the entire form, return the white copy to the address below.

FULLERTON FIRE DEPARTMENT  
Environmental Protection Program  
312 E. Commonwealth Ave.  
Fullerton, CA 92632

*file #588*

PLEASE return by \_\_\_\_\_ to avoid penalties and/or legal action

<b>SECTION I: BUSINESS IDENTIFICATION DATA</b>		
BUSINESS NAME <i>Guardian Storage Inc., DBA Executive RV Center</i>		
ADDRESS <i>2100 E. Orangethorpe Ave.</i>	CITY <i>Fullerton</i>	TELEPHONE <i>(714) 680-0295</i>
FACILITY UNIT		
BUSINESS MAILING ADDRESS	CITY	ZIP CODE
BUSINESS OWNER		TELEPHONE ( )
EMERGENCY CONTACT PERSON <i>Bradley Fischer</i>		EMERGENCY 24 HR. NUMBER [REDACTED]
EMERGENCY CONTACT PERSON <i>Bryan Wilson</i>		EMERGENCY 24 HR. NUMBER [REDACTED]

I certify under the penalty of the law that I have personally examined and am familiar with the information submitted and believe this information is true, accurate, and complete.

PRINT NAME OF OWNER/OPERATOR <i>Bradley Fischer</i>	SIGNATURE <i>Bradley Fischer</i>	DATE <i>9-9-97</i>
DOCUMENTS PREPARED BY <i>"</i>	SIGNATURE <i>"</i>	DATE <i>"</i>

<b>SECTION II: OCCUPANCY DATA</b>			
A. If your business has a license or permit from any of the following agencies, please indicate the number.		3. Fullerton Business License	NUMBER <i>112056</i>
1. Fullerton Fire Department Permit(s)	NUMBER(S)	4. Orange County Sanitation Waste Water Discharge Permit	NUMBER
2. Orange County Health Department Hazardous Waste Generator License	NUMBER <i>11479</i>	5. Air Quality Management Permit	NUMBER
<b>B. Does your business have any storage tank(s)?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>If yes:</b> <div style="display: flex; justify-content: space-between;"> <div>1. Is the tank(s) above ground? <input type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>2. Is the tank(s) below ground? <input type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>3. Is the tank(s) in service at this time? <input type="checkbox"/> YES <input type="checkbox"/> NO</div> </div>			
<b>C. Does your business handle any quantity of Extremely Hazardous Substances?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
<b>D. Your business is required by law to notify the Fullerton Fire Department, in writing, within 15 days of any of the following events:</b> <ol style="list-style-type: none"> <li>Change of business name, address or ownership.</li> <li>End of business operation.</li> <li>Use or handling of previously undisclosed hazardous material.</li> <li>A 100% increase in the quantity of a previously disclosed hazardous material.</li> </ol>			

California Hazardous Material Inventory Form

For Administering Agency Use	<b>BUSINESS &amp; OWNER / OPERATOR IDENTIFICATION</b>	Page 1 of _____ Year Beginning:    /    / Ending:            /    /
Business Name: <u>2100 E. Orangethorpe Ave.</u>		Business Phone: <u>714-680-0295</u>
Location Street Address: <u>Guardian Storage Inc. D.B.A. Executive RV Center</u>		
City: <u>Fullerton</u>	State: <u>CA</u>	Zip Code: <u>92831</u>
Dun & Bradstreet #: <u>93-060-4327</u>	SIC Code (4 digit #): <u>7521 7542</u>	
Owner/Operator Name: <u>(same)</u>		Owner Phone: _____
Mailing Address (if different): _____		
City: _____	State: _____	Zip Code: _____
<b>EMERGENCY CONTACTS</b>		
Primary	Secondary	
Name: <u>Brad Fischer</u>	Name: <u>Bryan Wilson</u>	
Title: <u>Gen. Manager</u>	Title: <u>Asst. Manager</u>	
Business Phone: <u>680-0295</u>	Business Phone: <u>680-0295</u>	
24-hour Phone: <u>[REDACTED]</u>	24-hour Phone: <u>[REDACTED]</u>	
<b>ACUTELY HAZARDOUS MATERIALS:</b> On Site: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> General Description of Processes and Principle Equipment: _____ _____ _____		
<b>LOCALLY COLLECTED INFORMATION</b>		
Fullerton Business Licence Number <u>112056</u> Expires <u>8-1-98</u>		
Give description of the main operation of your business <u>Recreational Vehicle Storage</u>		
Hours of Operation <u>8-6 M-F, 9-4 Sat</u> Number of Employees <u>2</u>		
FOR FUTURE USE		
<b>CERTIFICATION:</b> I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the submitted information is true, accurate, and complete.  Print name of Document Preparer <u>Bradley Fischer</u> Signature of Owner/Operator <u>Bradley Fischer</u> Date <u>8/27/97</u>		

# FULLERTON FIRE DEPARTMENT

312 E. Commonwealth Avenue  
Fullerton, California 92632

ADD ☐ DEL ☐ REV ☐

Page \_\_\_\_ of \_\_\_\_

## California Hazardous Materials Inventory Form

☐ Trade Secret

SITE NAME & ADDRESS: _____		Date: _____						
		Day	Mo					
		Yr						
Common Name: <u>Gasoline</u>		CAS # <u>8006-61-9</u>						
Chemical Name: _____		AHM <input type="checkbox"/> UN/DOT #: _____						
HAZARD CATEGORIES	PHYSICAL HAZARDS Fire <input type="checkbox"/> Reactive <input type="checkbox"/> Pressure Release <input type="checkbox"/>		HEALTH HAZARDS Immediate (Acute) <input type="checkbox"/> Delayed (Chronic) <input type="checkbox"/>					
HAZARD CLASS	UN/DOT NUMBER	DOT HAZARD CLASS	NFPA 704 HAZARD DIAMOND					
			<div style="display: flex; justify-content: space-around;"> <span>Fire</span> <span>Reactive</span> </div> <div style="display: flex; justify-content: space-around;"> <span>Health</span> <span>Specific</span> </div>					
PHYSICAL STATE:	Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Other: _____		Pure <input type="checkbox"/> Mixture <input type="checkbox"/> Waste <input type="checkbox"/> Radioactive: <input type="checkbox"/>					
			Waste Number: _____ Annual Waste Qty: _____					
MIXTURE INFO	% Wt.	Component	CAS #					
Amount & Time	Max. Daily:	Largest container on-site:	UNITS OF MEASURE gals <input checked="" type="checkbox"/> lbs <input type="checkbox"/> cu ft <input type="checkbox"/> curies <input type="checkbox"/>					
	Avg. Daily: <u>300</u>	# Days per year on-site:						
Storage Codes & Locations	C	P	T	Map#	Locator	Location	Description	Max Amt
							<u>stored in RV Vehicles +</u>	<u>300</u>
							<u>Boats</u>	
FOR ADMINISTERING AGENCY USE ONLY								
Facility ID: _____			C Y _____			INV. _____		
BR #: _____			H N _____					
Reviewed: _____			G T _____					
COMPUTER								

(Duplicate Form as Necessary)

ONE chemical per page



# CHEMICAL DESCRIPTION

THESE DIRECTIONS ARE TO BE USED TO FILL OUT THE FORMS ON THE REVERSE SIDE OF THIS PAGE ONLY IF MAKING CORRECTIONS TO THE INFORMATION ALREADY ON FILE WITH THE FULLERTON FIRE DEPARTMENT.

NOTE: You must complete a ~~separate~~ Chemical Description block (there are two blocks per page) for each hazardous material and hazardous waste that you handle at your facility in amounts equal to or greater than 600 pounds, 65 gallons or 200 cubic feet of gas (calculated at standard temperature and pressure). Check the appropriate box at the top of each page to identify the information on that page. Shipping papers and Material Data Sheets are a good resource for the information requested below.

## DATA ELEMENT

## INFORMATION REQUIRED

Common Name Enter the common name of the chemical or waste.

CAS Number Enter the Chemical Abstracts Service number for the material.

Chemical Name Enter the chemical name of the substance using the proper chemical terminology. Avoid using trade names.

DOT # Enter the 4-digit material ID# as listed in the DOT Emergency Response Guidebook.

Mixture If the product or waste you are listing is a mixture, list the three most hazardous ingredients and the corresponding CAS numbers.

Solid If the material is a solid, check the appropriate box.

Liquid If the material is a liquid, check the appropriate box.

Gas If the material is a gas, check the appropriate box.

Pure If the material is a pure chemical, check the appropriate box.

Mixture If the material is a mixture, check the appropriate box.

Waste If the material is a waste, check the appropriate box and provide an estimate of the annual amount of this specific waste generated in the space provided.

Radioactive If the material is radioactive, check the appropriate box and fill in the number of curies.

Physical & Health Check the appropriate categories that describe the physical and health hazards associated with material listed.

Amount and Time at Facility Check the unit of measure that is most appropriate for the material being inventoried (gallons, pounds, cubic feet, etc.). Fill in the maximum daily amount on hand at any one time during the year. (This would be the maximum amount that emergency responders could find on any given day) Calculate the average daily amount on hand during the calendar year. (This is the amount on hand, not the amount you use daily.) List the total number of days during the previous calendar year that the material was on site. Provide the total capacity of the largest container on site for the specific material.

## DATA ELEMENT

## Storage Codes and Location

## INFORMATION REQUIRED

This section of the form uses a coding system to indicate type of storage, storage temperature and storage pressure.

In the column under C, enter the code that best describes the type of storage container at the location specified. Use only the codes listed below:

CODE	STORAGE TYPE
A	Above ground tank
B	Underground tank
C	Tank inside building
D	Steel drum
E	Plastic or non-metallic drum
F	Can
G	Carboy
H	Silo
I	Fiber drum
J	Bag
K	Box
L	Cylinder
M	Glass bottle or jug
N	Plastic bottle or jug
O	Tote bin
P	Tank wagon
Q	Rail car
R	Other

P

In the column under P, enter the code that best describes the storage pressure for the specific material and location. Use only the codes listed below:

CODE	STORAGE PRESSURE
1	Ambient pressure
2	Greater than ambient pressure
3	Less than ambient pressure.

I

In the column under T, enter the code that best describes the storage temperature for the specific material and location. Use only the codes listed below:

CODE	STORAGE TEMPERATURE
4	Ambient temperature
5	Greater than ambient temperature
6	Less than ambient temperature
7	Cryogenic conditions.

Location on site

Enter a brief description of where in the building this particular chemical is used or stored. If it is used/stored in more than one location, indicate all areas. Example: "Northwest portion of building" or "Storage shed in east parking lot".

NOTE: Do not indicate "inside" or "outside", this information is too vague for emergency responders.

MWNA-WZI 213616

# FULLERTON FIRE DEPARTMENT

312 E. Commonwealth Avenue  
Fullerton, California 92632

ADD ☐ DEL ☐ REV ☐

Page \_\_\_\_ of \_\_\_\_

## California Hazardous Materials Inventory Form

☐ Trade Secret

SITE NAME & ADDRESS: <u>Executive Rv Center</u> <u>2100 E. Orangehope ave.</u> <u>Fullerton</u>		Date: <u>28</u> <u>8</u> <u>97</u> Day Mo Yr					
Common Name: <u>waste oil, Fresh oil</u>		CAS #: _____					
Chemical Name: " " " " AHM <input type="checkbox"/>		UN/DOT #: <u>1270</u>					
HAZARD CATEGORIES	PHYSICAL HAZARDS Fire <input type="checkbox"/> Reactive <input type="checkbox"/> Pressure Release <input type="checkbox"/>		HEALTH HAZARDS Immediate (Acute) <input type="checkbox"/> Delayed (Chronic) <input type="checkbox"/>				
	HAZARD CLASS UN/DOT NUMBER _____ DOT HAZARD CLASS _____		NFPA 704 HAZARD DIAMOND <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">Fire</div> <div style="text-align: center;">Reactive</div> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">Health</div> <div style="text-align: center;">Specific</div> </div>				
PHYSICAL STATE:	Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Other: _____		Pure <input type="checkbox"/> Mixture <input type="checkbox"/> Waste <input checked="" type="checkbox"/>				
	Waste Number: _____		Annual Waste Qty: <u>150 gal</u>				
MIXTURE INFO	% Wt.	Component	CAS #	Local Use			
Amount & Time	Max. Daily: _____ Largest container on-site: <u>55</u>		UNITS OF MEASURE gals <input checked="" type="checkbox"/> lbs <input type="checkbox"/> cu ft <input type="checkbox"/> curies <input type="checkbox"/>				
	Avg. Daily: <u>150</u> # Days per year on-site: <u>365</u>						
Storage Codes & Locations	C	P	T	Map#	Locator	Location Description	Max Amt
	<u>D</u>	<u>1</u>	<u>4</u>			<u>at rear of Building</u>	<u>150 gal.</u>

FOR ADMINISTERING AGENCY USE ONLY

Facility ID: \_\_\_\_\_  
 BR #: \_\_\_\_\_  
 Reviewed: \_\_\_\_\_

C Y \_\_\_\_\_  
 H N \_\_\_\_\_  
 G T \_\_\_\_\_

INV. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

COMPUTER  
 \_\_\_\_\_  
 \_\_\_\_\_

(Duplicate Form as Necessary)

ONE chemical per page

MWNA-WZI 213617

## CHEMICAL DESCRIPTION

THESE DIRECTIONS ARE TO BE USED TO FILL OUT THE FORMS ON THE REVERSE SIDE OF THIS PAGE ONLY IF MAKING CORRECTIONS TO THE INFORMATION ALREADY ON FILE WITH THE FULLERTON FIRE DEPARTMENT.

NOTE: You must complete a separate Chemical Description block (there are two blocks per page) for each hazardous material and hazardous waste that you handle at your facility in amounts equal to or greater than 600 pounds, 65 gallons or 200 cubic feet of gas (calculated at standard temperature and pressure). Check the appropriate box at the top of each page to identify the information on that page. *Shipping papers and Material Data Sheets are a good resource for the information requested below.*

### DATA ELEMENT

### INFORMATION REQUIRED

Common Name	Enter the common name of the chemical or waste.
CAS Number	Enter the Chemical Abstracts Service number for the material.
Chemical Name	Enter the chemical name of the substance using the proper chemical terminology. Avoid using trade names.
DOT #	Enter the 4-digit material ID# as listed in the DOT Emergency Response Guidebook.
Mixture	If the product or waste you are listing is a mixture, list the three most hazardous ingredients and the corresponding CAS numbers.
Solid	If the material is a solid, check the appropriate box.
Liquid	If the material is a liquid, check the appropriate box.
Gas	If the material is a gas, check the appropriate box.
Pure	If the material is a pure chemical, check the appropriate box.
Mixture	If the material is a mixture, check the appropriate box.
Waste	If the material is a waste, check the appropriate box and provide an estimate of the annual amount of this specific waste generated in the space provided.
Radioactive	If the material is radioactive, check the appropriate box and fill in the number of curies.
Physical & Health	Check the appropriate categories that describe the physical and health hazards associated with material listed.
Amount and Time at Facility	Check the unit of measure that is most appropriate for the material being inventoried (gallons, pounds, cubic feet, etc.). Fill in the maximum daily amount on hand at any one time during the year. (This would be the maximum amount that emergency responders could find on any given day) Calculate the average daily amount on hand during the calendar year. (This is the amount on hand, not the amount you use daily.) List the total number of days during the previous calendar year that the material was on site. Provide the total capacity of the largest container on site for the specific material.

### DATA ELEMENT

### Storage Codes and Location

Q

### INFORMATION REQUIRED

This section of the form uses a coding system to indicate type of storage, storage temperature and storage pressure.

In the column under Q, enter the code that best describes the type of storage container at the location specified. Use only the codes listed below:

CODE	STORAGE TYPE
A	Above ground tank
B	Underground tank
C	Tank inside building
D	Steel drum
E	Plastic or non-metallic drum
F	Can
G	Carboy
H	Silo
I	Fiber drum
J	Bag
K	Box
L	Cylinder
M	Glass bottle or jug
N	Plastic bottle or jug
O	Tote bin
P	Tank wagon
Q	Rail car
R	Other

P

In the column under P, enter the code that best describes the storage pressure for the specific material and location. Use only the codes listed below:

CODE	STORAGE PRESSURE
1	Ambient pressure
2	Greater than ambient pressure
3	Less than ambient pressure.

I

In the column under T, enter the code that best describes the storage temperature for the specific material and location. Use only the codes listed below:

CODE	STORAGE TEMPERATURE
4	Ambient temperature
5	Greater than ambient temperature
6	Less than ambient temperature
7	Cryogenic conditions.

### Location on site

Enter a brief description of where in the building this particular chemical is used or stored. If it is used/stored in more than one location, indicate all areas. Example: "Northwest portion of building" or "Storage shed in east parking lot".

NOTE: Do not indicate "inside" or "outside", this information is too vague for emergency responders.

MWNA-WZI 213618



# FULLERTON FIRE DEPARTMENT

312 E. Commonwealth Avenue  
Fullerton, California 92632

ADD ☐ DEL ☐ REV ☐

Page \_\_\_\_ of \_\_\_\_

## California Hazardous Materials Inventory Form

☐ Trade Secret

SITE NAME & ADDRESS: <u>Executive RV Center</u> <u>2100 E. Orangehurst Ave.</u>		Date: <u>28</u> <u>10</u> <u>97</u> Day Mo Yr																																				
Common Name: <u>Gasoline &amp; Diesel fuel</u> Chemical Name: _____		CAS #: <u>8006619</u> UN/DOT #: <u>1203</u>																																				
HAZARD CATEGORIES	PHYSICAL HAZARDS Fire <input type="checkbox"/> Reactive <input type="checkbox"/> Pressure Release <input type="checkbox"/>		HEALTH HAZARDS Immediate (Acute) <input type="checkbox"/> Delayed (Chronic) <input type="checkbox"/>																																			
HAZARD CLASS	UN/DOT NUMBER	DOT HAZARD CLASS <u>FL</u>	NFPA 704 HAZARD DIAMOND <div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;">Fire</div> <div style="text-align: center;">Reactive</div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;">Health</div> <div style="text-align: center;">Specific</div> </div>																																			
PHYSICAL STATE:	Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Other: _____		Pure <input type="checkbox"/> Mixture <input type="checkbox"/> Waste <input type="checkbox"/> Radioactive: <input type="checkbox"/>																																			
MIXTURE INFO		Waste Number: _____ Annual Waste Qty: _____																																				
Amount & Time		Max. Daily: <u>3000</u> Avg. Daily: <u>3000</u>																																				
Storage Codes & Locations		Largest container on-site: <u>N/A</u> # Days per year on-site: <u>365</u>																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>C</th> <th>P</th> <th>T</th> <th>Map#</th> <th>Locator</th> <th>Location Description</th> <th>Max Amt</th> </tr> </thead> <tbody> <tr> <td></td> <td>1</td> <td>4</td> <td></td> <td></td> <td>Recreational vehicles stored in building</td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		C	P	T	Map#	Locator	Location Description	Max Amt		1	4			Recreational vehicles stored in building																							UNITS OF MEASURE gals <input checked="" type="checkbox"/> lbs <input type="checkbox"/> cu ft <input type="checkbox"/> curies <input type="checkbox"/>	
C	P	T	Map#	Locator	Location Description	Max Amt																																
	1	4			Recreational vehicles stored in building																																	

FOR ADMINISTERING AGENCY USE ONLY

Facility ID: \_\_\_\_\_  
 BR #: \_\_\_\_\_  
 Reviewed: \_\_\_\_\_

C Y \_\_\_\_\_  
 H N \_\_\_\_\_  
 G T \_\_\_\_\_

INV. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

COMPUTER

(Duplicate Form as Necessary)

ONE chemical per page

# FULLERTON FIRE DEPARTMENT

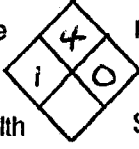
312 E. Commonwealth Avenue  
Fullerton, California 92632

ADD ☐ DEL ☐ REV ☐

Page \_\_\_\_ of \_\_\_\_

## California Hazardous Materials Inventory Form

☐ Trade Secret

SITE NAME & ADDRESS: <u>Executive R/V Center</u> <u>2100 E. Orangewood ave.</u> <u>Fullerton</u>		Date: <u>28</u> <u>8</u> <u>97</u> Day Mo Yr						
Common Name: <u>Propane</u>		CAS #: <u>68476857</u>						
Chemical Name: <u>Liquid Petroleum Gas</u> AHM <input type="checkbox"/>		UN/DOT #: <u>1075</u>						
HAZARD CATEGORIES	PHYSICAL HAZARDS Fire <input checked="" type="checkbox"/> Reactive <input type="checkbox"/> Pressure Release <input type="checkbox"/>	HEALTH HAZARDS Immediate (Acute) <input type="checkbox"/> Delayed (Chronic) <input type="checkbox"/>						
HAZARD CLASS	UN/DOT NUMBER: <u>1075</u> DOT HAZARD CLASS: <u>FG</u>	NFPA 704 HAZARD DIAMOND <div style="text-align: center;">  </div>	UFC HAZARD CLASS: _____					
PHYSICAL STATE:	Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Other: _____	Pure <input checked="" type="checkbox"/> Mixture <input type="checkbox"/> Waste <input type="checkbox"/> Radioactive: <input type="checkbox"/>	Waste Number: _____ Annual Waste Qty: _____					
MIXTURE INFO	% Wt.	Component	CAS #	Local Use				
Amount & Time	Max. Daily:	Largest container on-site:	UNITS OF MEASURE gals <input checked="" type="checkbox"/> lbs <input type="checkbox"/> cu ft <input type="checkbox"/> curies <input type="checkbox"/>					
	Avg. Daily: <u>425</u>	# Days per year on-site:						
Storage Codes & Locations	C	P	T	Map#	Locator	Location	Description	Max Amt
	A	2	6				In front of office	425

FOR ADMINISTERING AGENCY USE ONLY

Facility ID: \_\_\_\_\_ C Y \_\_\_\_\_ INV. \_\_\_\_\_

BR #: \_\_\_\_\_ H N \_\_\_\_\_

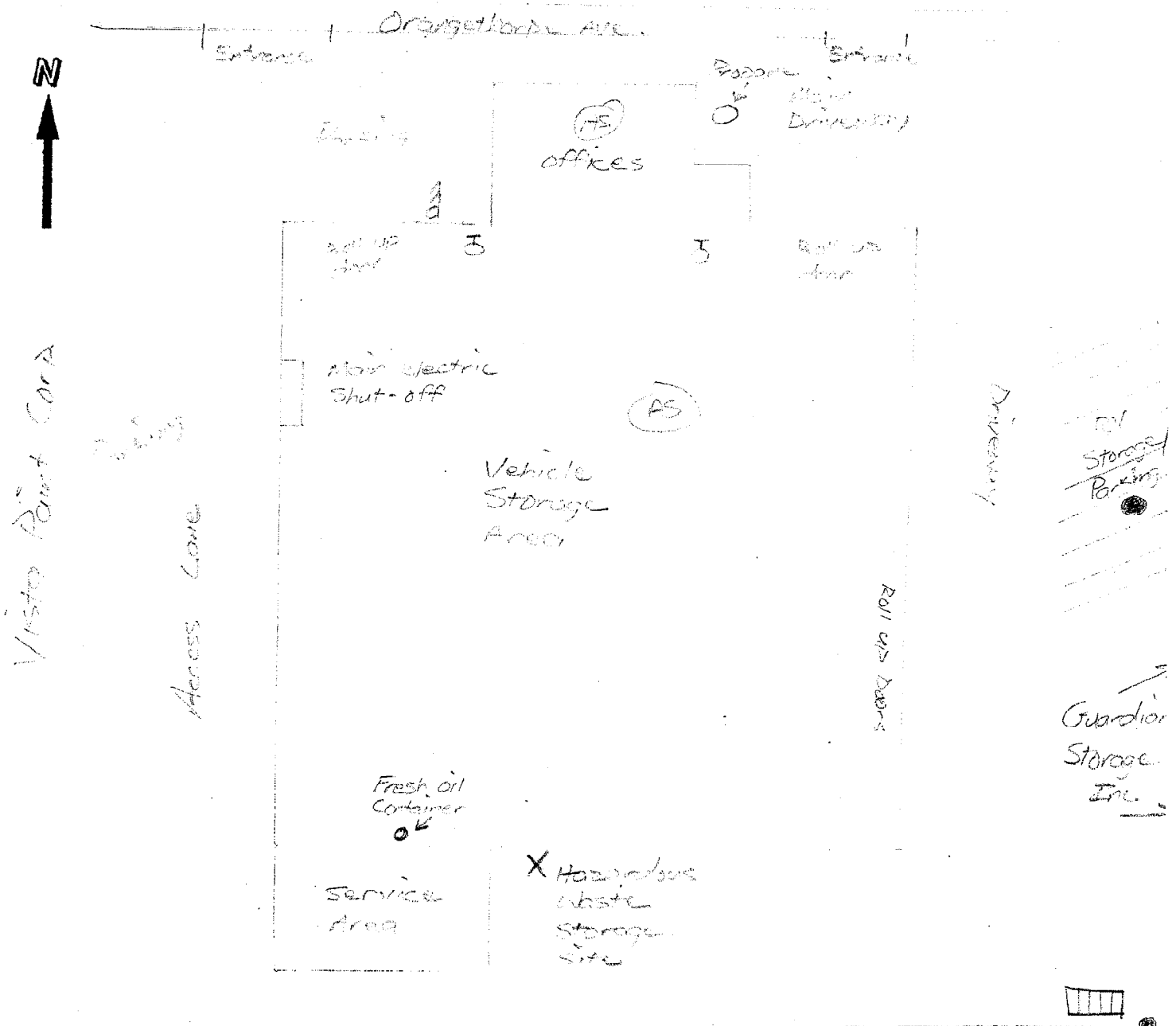
Reviewed: \_\_\_\_\_ G T \_\_\_\_\_

COMPUTER

(Duplicate Form as Necessary)  
ONE chemical per page

# BUSINESS SITE PLAN

Facility Address: 2100 E. Orangeford Ave., Fullerton



- (AS) = Automatic Sprinklers
- = Fire Hydrant
- = Riser O S & Y

- > = Fire Department Connection
- ⌋ = Key Lock Box
- |||| = Storm Drain

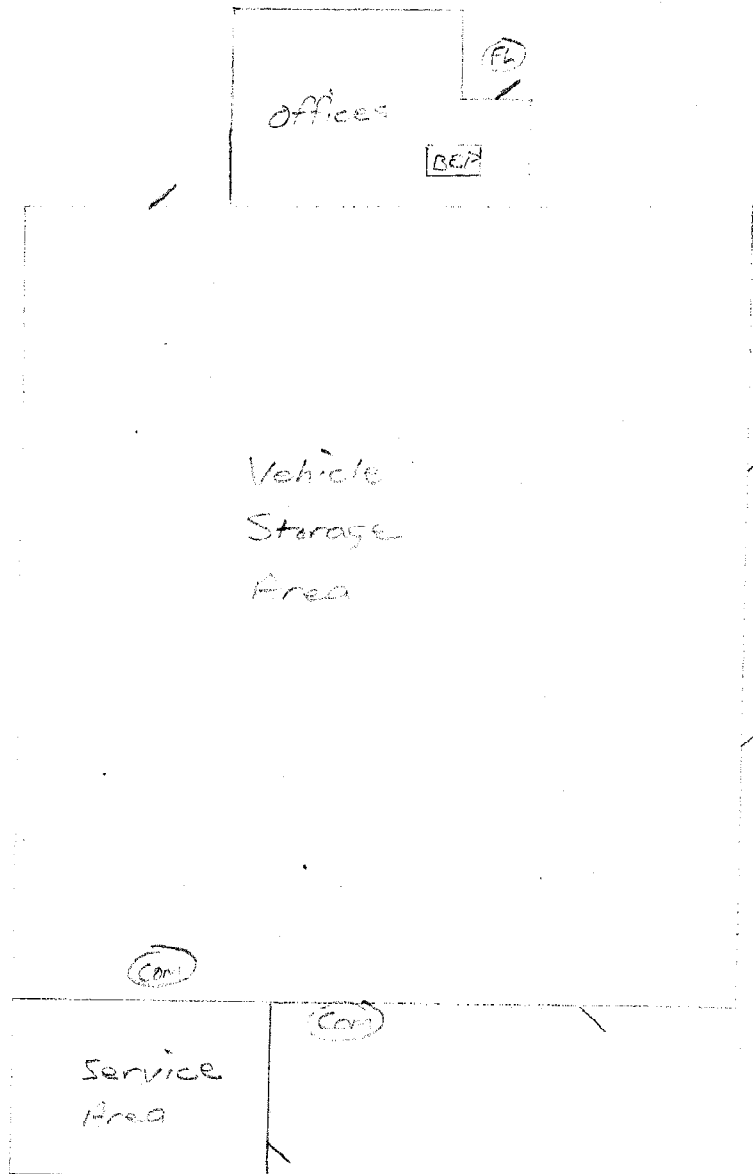
FFD-324-C

# FACILITY LAYOUT MAP

Facility Address: \_\_\_\_\_

Location in facility that Material Safety Data Sheets and Business Emergency Plan (BEP) are kept: \_\_\_\_\_

N



FL = Flammable Liquid/Gas  
OX = Oxidizer  
EX = Explosive  
NG = Non Flammable Gas

CO = Corrosive  
PO = Poison  
~~W~~ = Water Reactive  
OR = Other Regulated Material

RA = Radiological  
OP = Organic Peroxide  
ET = Etiologic  
IR = Irritating Agent

FFD-324-C

Corr.

**SECTION III: BUSINESS IDENTIFICATION DATA**

A. Your business is required by State Law to provide an immediate verbal report of any release or threatened release of a hazardous material to local fire emergency response personnel, this Administering Agency and the office of Emergency Services, If you have a release or threatened release of hazardous materials, immediately call:

Fire/Paramedics/Police

Phone: 911

INDIVIDUAL RESPONSIBLE FOR CALLING 911

*Bradley Fischer*

After the local emergency response personnel are notified, you shall then notify this Administering Agency and the Office of Emergency Services.

Environmental Protection Program:

(714) 738-6508

State Office of Emergency Services:

(800) 852-7550 or (916) 427-4341

INDIVIDUAL RESPONSIBLE FOR CALLING THIS ADMINISTERING AGENCY AND THE STATE OFFICE OF EMERGENCY SERVICES

*Bradley Fischer*

B. List the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous materials

HOSPITAL/CLINIC

*None Selected*

ADDRESS

CITY

ZIP CODE

TELEPHONE

( )

C. Does your business have a private on-site emergency response team?

☐

YES

☒

NO

If yes, describe what policies and procedures your business will follow to notify your on-site emergency response team in the event of a release or threatened release of a hazardous material.

\_\_\_\_\_  
\_\_\_\_\_

State Law requires your business to complete all sections of this Emergency Response Procedure listed below. "N/A" is not acceptable.

**SECTION IV : STORAGE, EMERGENCY RESPONSE AND TRAINING**

Briefly describe your business' standard operating procedures in the event of a release or threatened release of a hazardous material: (continue discussion on back of paper if more space is needed)

1. **PREVENTION** (prevent the hazard) - Describe the kind of hazards associated with the hazardous materials present at your facility. What actions does your business take to prevent these hazards from occurring? You may include a discussion of safety and storage procedures.

*Spillage. We store the material in a 55 gal. drum that doesn't leak.*

\_\_\_\_\_  
\_\_\_\_\_

2. **MITIGATION** (reduce the hazard) - Describe what is done to lessen the harm or damage to person(s), property, or the environment, and prevent what has occurred from getting worse or spreading. What is your immediate response to a leak, fire, explosion, or airborne release at your business?

*We would contain the spill and clean it up with an absorbent material and have a recycling company pick it up.*



2. MITIGATION (continued)

3. ABATEMENT (remove the hazard) - Describe what you would do to stop and remove a hazard. How do you handle the complete process of stopping a release, cleaning it up and disposing of released materials at your facility?

Answer is the same as #2!

4. Describe what policies and procedures your business will follow to immediately notify your employees and evacuate your facility in the event of a release or threatened release of a hazardous material.

We don't store enough nor is the material hazardous enough to have to do this.

5. Your business is required by State Law to keep a copy of this business plan, including the inventory and site map. Where is this copy located at your business?

In our office.

#### SECTION IV: BUSINESS IDENTIFICATION DATA

A. Describe the safety procedure training your employees receive to prepare for a release or threatened release of hazardous materials. This training shall include, but not be limited to, the following: new employee training, annual training, periodic refresher courses, and familiarization with section III (Emergency Plans and Procedures) of this business plan.

A regular employee is instructed to notify a supervisor. Supervisors are instructed how to dispense the absorbant material to contain a spill. They would also immediately notify the office manager or assistant. The office manager would then contact the recycling company to pick up the waste. Each supervisor or employee is trained when hired how to carry out these instructions.

**Disclosure Information :**

File # : 588

Date Entered : 11/3/97

*BR# 21104*

Business Name : Guardian Storage Inc. DBA: Executive RV Center

Address: 2100 E Orangethorpe Ave 92831

Fullerton

Ca 92831

Bus Phone (714) 680-0295

Mailing Address : 2100 E Orangethorpe Ave

Fullerton

Ca 92831

---

Standard Industrial Classification Code: :

Dunn & Bradstreet # :

Business License # :

Environmental Protection Agency # :

**Contacts:**

Brad Fischer	-Operator	.Wk phone -(714) 680-0295	.Hm phone	PRVY-Controlled/Privacy
	-	.Wk phone -	.Hm phone	
Bryan Wilson	-Asst. Manager	.Wk phone -(714) 680-0295	.Hm phone	PRVY-Controlled/Privacy

---

Property Owner Address

Ca

Business Description :

Guardian Storage Inc. DBA: Executive RV  
Center

3 chemicals found this address

2100 E Orangethorpe Ave 92831

File Number :

Cas # : Max Daily Amt : 150 Gallons Gals/Lbs/CuFt

Chemical Name: **Waste oil, Fresh Oil**

C	P	T	Location	Building
D	1	4	at rear of building 150 gal max amount	

Cas # : 68476857 Max Daily Amt : 0 Gallons Gals/Lbs/CuFt

Chemical Name: **Liquified Petroleum Gas**

C	P	T	Location	Building
A	2	6	in front of office 425 max amount	

Cas # : 8006619 Max Daily Amt : 300 Gallons Gals/Lbs/CuFt

Chemical Name: **Gasoline**

C	P	T	Location	Building
			Stored in RV vehicles and boats 300 max amount	

Ass Cd    Contact  
         BRAD FISCHER  
         EDWARD FISCHER

Phone       ASSOCIATED PARTIES  
PRVY-Controlled/Privacy  
PRVY-Controlled/Privacy

```
-----
Code Act-Date Comp  Empl  Time  Comment                    ACTIVITY SUMMARY
INFO 08/26/86 3F    8418  0000  USING FRONT 1/2 OF OFFICES-REST ARE VAC
INSP 08/26/86 3F    8418  0030  NO VIOLATIONS NOTED
5146 08/04/89 FP3    5071  0060  ONE A/G 499 GAL.PROPANE TANK INSTALLED
INSP 05/28/91 3A    5648  0045  VIOLATIONS NOTED SEE FILE
REIN 07/30/91 3A    5648  0020  FORWARDED PAPERWORK TO INSP. KUNZE
ICOM 09/17/91 FP3    5071  0030  VIOLATIONS CORRECTED SEE FILE
ICOM 11/20/92 3A    7129  0060  NO VIOLATIONS NOTED
ICOM 06/04/93 3A    5681  0010  NO VIOLATIONS
ICOM 10/08/93 3A    4717  0035  VIOLATIONS CORRECTED
ICOM 07/14/95 3B    8194  0045  NO VIOLATIONS
ICOM 06/25/97 3C    4812  0015  NO VIOLATIONS NOTED
5500 10/15/97 FP2    322    0000  HAZARDOUS MATERIALS INSPECTION
INSP 10/15/97 FP2    322    0120  HAZ MAT DISC. INSP., SEE FILE
5500 11/01/97 FP2    322    0000  HAZ MAT PERMIT ISSUED
ICOM 05/07/98 3B    5648  0030  VERBAL HOUSEKEEPING IN REAR ROOM
REIN 05/07/98 FP2    322    0030  VIOLATIONS PENDING, SEE FILE
INSP 05/07/98 FP2    322    0180  INSPECTION PENDING/SEE FILE
FI110 /    LOCATION MAINTENANCE                    INQUIRE
-----
```

Address       2100                    E ORANGETHORPE                    AVE

1) Business Name	EXECUTIVE R.V. CENTER	12) Knox Box
2) Mail Address 1		13) Ext System Y
3) Mail Address 2		14) Detectors N
4) Location Zip Code	92634	
5) Bus Phone	714/680-3815	9) Occ Cd       15    15) Insp Station 3
6) Permits? Y		10) Grid       1327    16) Insp Group    5
7) Expiration		11) Fist       0       17) Freq Code    1
8) Comment		

```
-----
ICOM 01/25/99 FP2    322    0030  ALL VIOLATIONS CORRECTED
ICOM 10/11/00 FP4    5181  0060  COMPLAINT ON SPKLR SYSTEM OS&Y-CORRECTED
ICOM 01/26/01 3B    8175  0030  NO VIOLATIONS NOTED
-----
```

----- No Incidents Exist -----

Hit any key to continue:

BR110 / CUSTOMER MAINTENANCE

INQUIRE

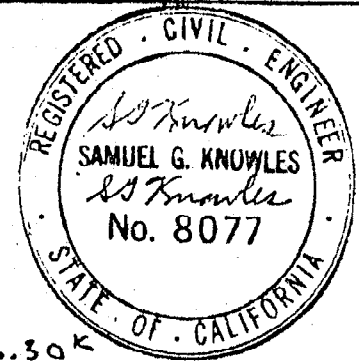
BR Key 21104 Department FIRE  
1) Customer Name EXECUTIVE RV CENTER  
2) Address 2100 E ORANGETHORPE AVE  
City/St/Zip FULLERTON CA 92831

-----  
Balance Forward .00  
Last Bill 01/30/02 72.00  
Since Last Bill 03/14/02 72.00  
3) Phone Number 714/680-0295 Current Balance .00  
4) Type/Class P Status - History 1 - 161110  
5) Term Code 1 Delinquent Dates  
6) Opened/Closed 11/20/97  
-----Inquiry Option: E (C,E,H,N,S,?)-----

Code	Trans Amount	Amount Per Bill	Billed to Date	Next Bill	Freq
5146	RECURRING	72.00	332.00	01/29/03	365

DESIGN BASIS:

CONC -  $f'_c = 2000$  PSI  
REBAR - A615 GR 40  
BOLTS - A307  
SOIL BRG - 1000 PSF @ 12"  
SEIS - 0.3g  
WIND - 15 PSF



FOUNDATION 4'6" x 4'6" IL0

SEISMIC

$$W_T = 3.26K + (4.5 \times 1 \times 0.15) = 6.30K$$

$$M_{OT} = 0.98K (6.0' + 1.0') = 6.86K \text{ FT} \text{ EXP 9-30-88}$$

$$e = \frac{M_{OT}}{W} = \frac{6.86K \text{ FT}}{6.30K} = 1.09 \text{ Res } \% \text{ MID } \frac{1}{3}$$

$$P_{max} = \frac{2 \times 6.30K}{(2.25 - 1.09) \times 4} = 0.91 \text{ KSF} < 1.0 \times 1.33$$

$$STABILITY = \frac{2 \times 6.30K}{6.86K \text{ FT}} = 1.84 > 1.5 \text{ STABLE}$$

$$REBAR \quad 12 \times 12 \times 0.002 = 0.29 \text{ \#}$$

USE (3) #6 E.W. CENTERED

ANCHOR BOLTS - (4) 1/2" x 10" BOLTS ON 36" B.C.

$$T_{UPLIFT} = 1145 \text{ \#}$$

PROJ 2"

ANCHOR BOLT PULL OUT CAPACITY - CONE ANALYSIS

1/2" x

$$EMBEDMENT = 8"$$

$$MIN \text{ HD} = 0.6"$$

$$AREA = 1.57 \times \frac{8}{\cos 30^\circ} (0.6 + 2 \times 8 \times \tan 30^\circ)$$

$$= 143 \text{ SQ. IN.}$$

$$T_{ALLOW} = \frac{950 \text{ \#}}{1.57 \times 2 \times 4 \times \tan 30^\circ} = 28 \text{ PSI (W/O CONT)}$$

CONE AREA  
4" EMBED

$$1.57 \times 2 \times 4 \times \tan 30^\circ = 4.6$$

$$33.5$$

$$T_{ALLOW} = 143 \text{ IN}^2 \times 28 \text{ PSI}$$

$$2 \times 950 = 1900 \text{ \#}$$

SP. INSP

$$T_{ALLOW} 1900 \text{ \#}$$

$$1145 \text{ \#}$$

PLAN CHECK

WIND

$$F_s = 3' \times 10' \times 15 \text{ PSF} = 450 \text{ \#}$$

$$W_T = 1400 \text{ \#} + 3040 = 4440 \text{ \#}$$

$$M_{OT} = 450 \text{ \#} \times 7' = 3150 \text{ \# FT}$$

$$e = \frac{3150 \text{ \# FT}}{4440 \text{ \#}} = 0.71$$

$$P_{max} = \frac{3150 \times 6}{4.52} = 4140 \text{ \#}$$

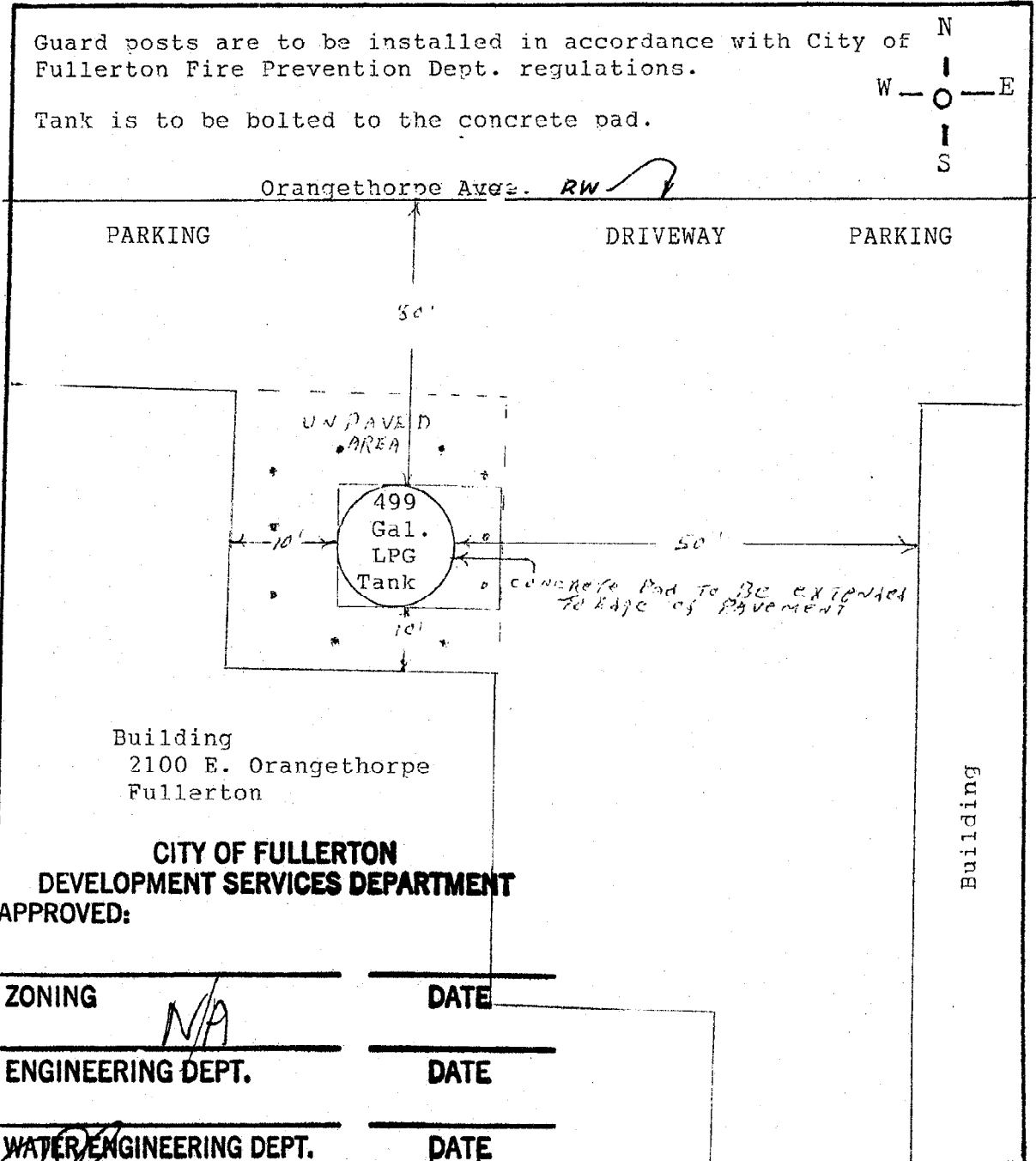
$$STABILITY = \frac{4440 \times 2.25}{3.15} = 1.5 \text{ STABLE}$$

# PLOT PLAN

NOT DRAWN TO SCALE

EXECUTIVE RV CENTER  
 Address of LPG Installation 2100 E. Orangethorpe, Fullerton  
 Company making Installation PETROLANE GAS SERVICE 775-7745  
 Address 11911 Heil Av., Fountain Valley  
 Container Size (Water Capacity) 499 gal. water capacity  
 Date Installed Will Notify

NO SMOKING and FLAMMABLE signs are on tank according to Code.  
 A 40BC Fire Extinguisher to be mounted at tank site



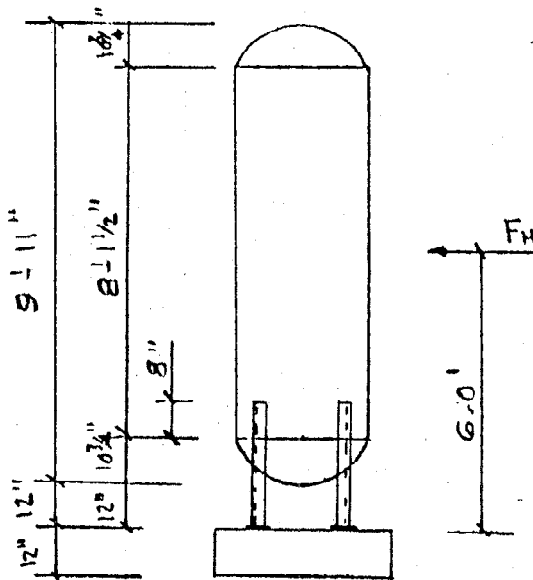
LNT FOR R.I.D. PREMIT - MUST OBTAIN  
 TO FIRE DEPT



# DESIGN BASIS:

STEEL - A-36  
TANK - EMPTY WEIGHT 1,400#  
LIQUID 499 GAL x 0.88 x 4.24#/GAL = 1,860# } 3,260#  
SEIS - 0.3 (GOVERNS) MAX. CAPACITY GOVERNED BY SAFETY RELIEF ON VESSEL  
DWG. SK-6161  
ROY E. HANSON

$$F_H = 3,260 \# \times 0.3 = 980 \#$$



ELEVATION

VESSEL & LEGS STRUCTURALLY  
ADEQUATE

$$\text{LEG: } L 3 \times 3 \times 3/8 \quad A = 2.11 \text{ sq. in.}$$

$$P_{MAX} = \frac{4M}{ND} + \frac{W}{4}$$

$$= \frac{4 \times 6' \times 980 \#}{4 \times 3'} + \frac{3,260 \#}{4}$$

$$= 1,960 \# \pm 815 \#$$

$$= 2,775 \# \text{ DN}$$

$$1,145 \# \text{ UP}$$

$$P_{ALLOW} = 32,000 \#$$

$$h = 2'$$

TWO LEGS RESIST  $F_H$  IN THE  
STRONG DIRECTION

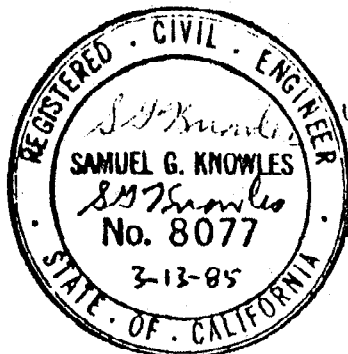
$$S = 1.37 \text{ IN}^3$$

$$M_{LEG} = \frac{980 \#}{2} \times 24" = 11.52 \text{ K IN}$$

$$f_b = \frac{11.52 \text{ K IN}}{1.37} = 8.4 \text{ KSI}$$

$$P_c = \frac{0.815 \text{ K}}{2.11 \text{ IN}^2} = 0.39 \text{ KSI}$$

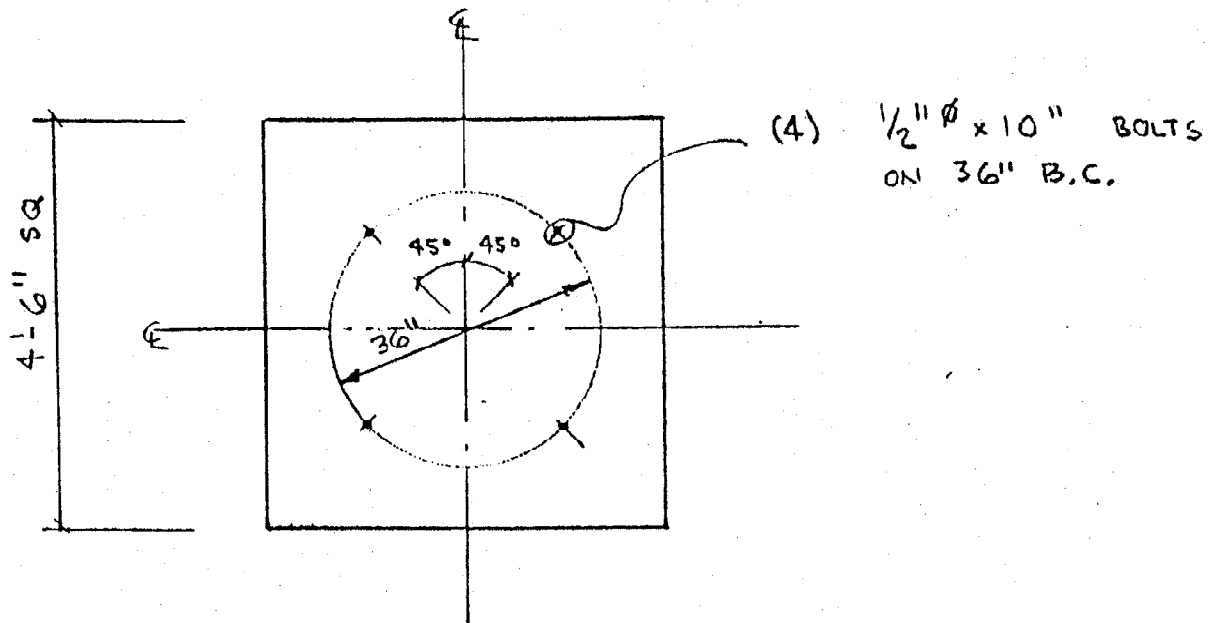
$$\text{UNITY CHECK} = \frac{0.39}{20} + \frac{8.4}{20} < 1.0$$



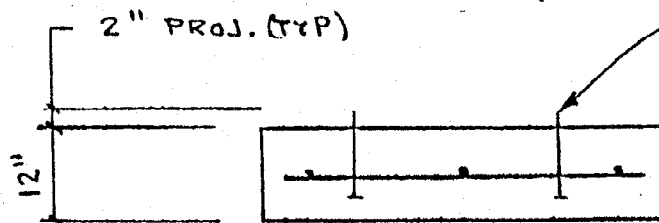
BASE PLATE - 6" x 6" x 3/8"

$$P_{LEG} = \frac{2,775 \#}{36} = 77 \text{ PSI} < 750 \text{ PSI}$$

EXP 9-30-88



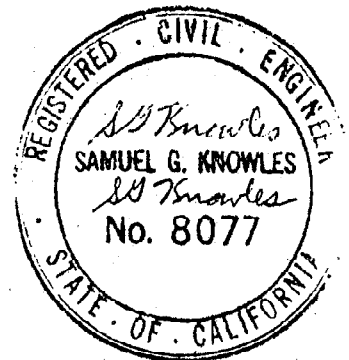
PLAN  
1/2" = 1'-0"



SECTION  
1/2" = 1'-0"

NOTES:

CONC. -  $f'_c = 2000$  PSI  
REBAR - ASTM A615 GR 40  
BOLTS - ASTM A 307  
SOIL BEARING - 1000 PSF @ 12"



Exp. 9-30-88



FILE

## CONTRACTOR'S MATERIAL &amp; TEST CERTIFICATE FOR ABOVEGROUND PIPING

## PROCEDURE

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

## PROPERTY NAME

LE BARDON INVESTMENTS

DATE

## PROPERTY ADDRESS

2100 E. ORANGETHORPE AVE. FULLERTON, CA.

## PLANS

## ACCEPTED BY APPROVING AUTHORITY(IES) NAMES

FULLERTON FIRE DEPT.

## ADDRESS

INSTALLATION CONFORMS TO ACCEPTED PLANS  
EQUIPMENT USED IS APPROVED  
IF NO, EXPLAIN DEVIATIONS

☒ YES ☐ NO  
☒ YES ☐ NO

## INSTRUCTIONS

HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION  
OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT  
IF NO, EXPLAIN

☒ YES ☐ NO

HAVE COPIES OF THE FOLLOWING BEEN LEFT ON THE PREMISES:  
1. SYSTEM COMPONENTS INSTRUCTIONS  
2. CARE AND MAINTENANCE INSTRUCTIONS  
3. NFPA 13A

☒ YES ☐ NO  
☒ YES ☐ NO  
☒ YES ☐ NO  
☒ YES ☐ NO

## LOCATION OF SYSTEM

SUPPLIES BLDGS.

BLOG. "B"

## SPRINKLERS

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
VIKING SSU	M		1/2"	192	155°
VIKING SEP	M		1/2"	188	155°

## PIPE AND FITTINGS

PIPE CONFORMS TO NFPA STANDARD  
FITTINGS CONFORM TO NFPA STANDARD  
IF NO, EXPLAIN

☒ YES ☐ NO  
☒ YES ☐ NO

## ALARM VALVE OR FLOW INDICATOR

ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION	
TYPE	MAKE	MODEL	MIN.	SEC.
ALARM VA.	VIKING	11		

## DRY PIPE OPERATING TEST

DRY VALVE										O.D.D.									
MAKE				MODEL			SERIAL NO.			MAKE				MODEL			SERIAL NO.		
		TIME TO TRIP THRU TEST CONNECTION*		WATER PRESSURE			AIR PRESSURE			TRIP POINT AIR PRESSURE			TIME WATER REACHED TEST OUTLET*			ALARM OPERATED PROPERLY			
		MIN.	SEC.	PSI			PSI			PSI			MIN.	SEC.	YES	NO			
Without O.D.D.																			
With O.D.D.																			
IF NO, EXPLAIN																			

IF NO, EXPLAIN

\*MEASURED FROM TIME INSPECTOR'S TEST CONNECTION IS OPENED.  
89A (0080) PRINTED IN USA

(OVER)

Contractor's Material and Test Certificate for Aboveground Piping

DEBURS & PREACTION VALVES	OPERATION							
	<input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC							
	PIPING SUPERVISED <input type="checkbox"/> YES <input type="checkbox"/> NO    DETECTING MEDIA SUPERVISED <input type="checkbox"/> YES <input type="checkbox"/> NO							
	DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO							
TEST DESCRIPTION	IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING <input type="checkbox"/> YES <input type="checkbox"/> NO    IF NO, EXPLAIN							
	MARK		MULTIPLE		HYDRAULIC RATE		DOES EACH CIRCUIT OPERATE VALVE RELEASE	
					YES    NO		YES    NO	
					MIN.		SEC.	
TESTS	HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.							
	FLUSHING: Flow the required rate until water is clear as indicated by no collection of foreign material in burlet bags at outlets such as hydrants and blow-offs. Flush at flows not less than 400 GPM (1514 L/min) for 4-inch pipe, 500 GPM (2271 L/min) for 6-inch pipe, 750 GPM (2839 L/min) for 8-inch pipe, 1000 GPM (3785 L/min) for 10-inch pipe, 1500 GPM (5678 L/min) for 12-inch pipe and 2000 GPM (7570 L/min) for 14-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.							
	PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop which shall not exceed 1.5 psi (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop which shall not exceed 1-1/2 psi (0.1 bars) in 24 hours.							
	ALL PIPING HYDROSTATICALLY TESTED AT <u>200</u> PSI FOR <u>2</u> HRS. IF NO, STATE REASON DRY PIPING PNEUMATICALLY TESTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EQUIPMENT OPERATES PROPERLY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
BLANK TESTING GASKETS	DRAIN TEST		READING OF GAGE LOCATED NEAR WATER SUPPLY TEST CONNECTION: _____ PSI		RESIDUAL PRESSURE WITH VALVE IN TEST CONNECTION OPEN WIDE _____ PSI			
WELDING	UNDERGROUND MAINS AND LEAD IN CONNECTIONS TO SYSTEM RISERS FLUSHED BEFORE CONNECTION MADE TO SPRINKLER PIPING.		VERIFIED BY COPY OF THE U FORM NO. 888 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO    OTHER EXPLAIN					
	FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
CUTOUTS (DISCS)	NUMBER USED		LOCATIONS		NUMBER REMOVED			
HYDRAULIC DATA NAMEPLATE	WELDED PIPING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, ...					
REMARKS	DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
	DO YOU CERTIFY THAT THE WELDING WAS PERFORMED BY WELDERS QUALIFIED IN COMPLIANCE WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
	DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO INSURE THAT ALL DISCS ARE RETRIEVED, THAT OPENINGS IN PIPING ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED, AND THAT THE INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
	DO YOU CERTIFY THAT YOU HAVE A CONTROL FEATURE TO ENSURE THAT ALL CUTOUTS (DISCS) ARE RETRIEVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
SIGNATURES	NAMEPLATE PROVIDED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO    IF NO, EXPLAIN		DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN:					
ADDITIONAL EXPLANATION AND NOTES	NAME OF SPRINKLER CONTRACTOR							
	<u>STRACO ENGINEERING</u>							
	FOR PROPERTY OWNER (SIGNED)				TESTS WITNESSED BY			
	FOR SPRINKLER CONTRACTOR (SIGNED)							
		TITLE		DATE				

CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR **A**BOVEGROUND PIPING

## PROCEDURE

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME

LE BARDON INVESTMENTS

DATE

PROPERTY ADDRESS

2100 E. ORANGETHORPE AVE. FULLERTON, CA.

ACCEPTED BY APPROVING AUTHORITY(IES) NAME(S)

FULLERTON FIRE DEPT.

ADDRESS

PLANS

INSTALLATION CONFORMS TO ACCEPTED PLANS  
EQUIPMENT USED IS APPROVED  
IF NO, EXPLAIN DEVIATIONS

☒ YES ☐ NO  
☒ YES ☐ NO

INSTRUCTIONS

HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION  
OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT  
IF NO, EXPLAIN

☒ YES ☐ NO

HAVE COPIES OF THE FOLLOWING BEEN LEFT ON THE PREMISES:  
1. SYSTEM COMPONENTS INSTRUCTIONS  
2. CARE AND MAINTENANCE INSTRUCTIONS  
3. NFPA 13A

☒ YES ☐ NO  
☒ YES ☐ NO  
☒ YES ☐ NO  
☒ YES ☐ NO

LOCATION OF SYSTEM

SUPPLIES BLDGS.

BLDG. "A"

SPRINKLERS

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
VIKING SSU	M		1/2"	110	155°
VIKING SSP	M		1/2"	110	155°

PIPE AND FITTINGS

PIPE CONFORMS TO NFPA STANDARD  
FITTINGS CONFORM TO NFPA STANDARD  
IF NO, EXPLAIN

☒ YES ☐ NO  
☒ YES ☐ NO

ALARM VALVE OR FLOW INDICATOR

ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION	
TYPE	MAKE	MODEL	MIN.	SEC.
ALARM VAL.	VIKING	1		

DRY PIPE OPERATING TEST

DRY VALVE							O.O.D.	
MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.			
	TIME TO TRIP THRU TEST CONNECTION*		WATER PRESSURE	AIR PRESSURE	TRIP POINT AIR PRESSURE	TIME WATER REACHED TEST OUTLET*	ALARM OPERATED PROPERLY	
	MIN.	SEC.	PSI	PSI	PSI	MIN.	SEC.	YES NO
Without O.O.D.								
With O.O.D.								

IF NO, EXPLAIN

\*MEASURED FROM TIME INSPECTOR'S TEST CONNECTION IS OPENED.  
88A (8000) PRINTED IN USA

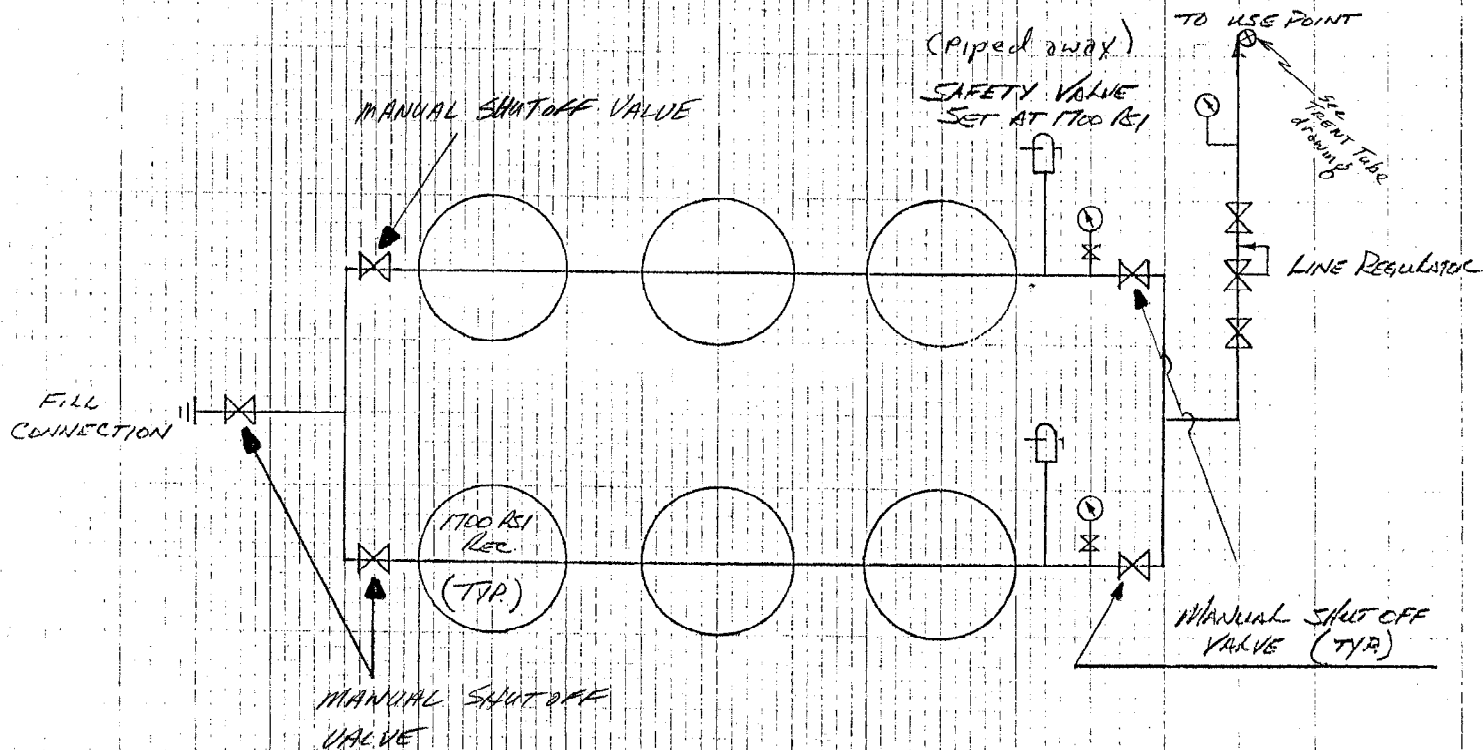
(OVER)

Contractor's Material and Test Certificate for Aboveground Piping

## GENERAL INFORMATION

13-11

DELUSE & PRECAUTION VALVES	OPERATION <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC							
	PIPING SUPERVISED <input type="checkbox"/> YES <input type="checkbox"/> NO DETECTING MEDIA SUPERVISED <input type="checkbox"/> YES <input type="checkbox"/> NO							
	DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO							
	IS THERE AN ACCESSIBLE FACILITY IN BARR CIRCUIT FOR TESTING IF NO, EXPLAIN							
TEST DESCRIPTION	MARK		MULTI		YES		NO	
					DOES EACH CIRCUIT OPERATE VALVE RELEASE		MAXIMUM TIME TO LIFE RATE RELEASE	
					YES		NO	
					MIN.		SEC.	
TESTS	ALL PIPING HYDROSTATICALLY TESTED AT <u>200</u> PSI FOR <u>2</u> HRS. IF NO, STATE REASON DRY PIPING PNEUMATICALLY TESTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EQUIPMENT OPERATES PROPERLY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
	DRAIN TEST		READING OF GAGE LOCATED NEAR WATER SUPPLY TEST CONNECTION: _____ PSI			RESIDUAL PRESSURE WITH VALVE IN TEST CONNECTION OPEN WIDE _____ PSI		
	Underground mains and lead in connections to system risers flushed before connection made to sprinkler piping.							
	VERIFIED BY COPY OF THE U FORM NO. 888 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FLUSHED BY INSTALLER OF UNDER. OTHER EXPLAIN GROUND SPRINKLER PIPING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
BLANK TESTING GASKETS	NUMBER USED		LOCATIONS				NUMBER REMOVED	
WELDING	WELDED PIPING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
	IF YES...							
	DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
	DO YOU CERTIFY THAT THE WELDING WAS PERFORMED BY WELDERS QUALIFIED IN COMPLIANCE WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
CUTOUTS (DISCS)	DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO INSURE THAT ALL DISCS ARE RETRIEVED, THAT OPENINGS IN PIPING ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED, AND THAT THE INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
	DO YOU CERTIFY THAT YOU HAVE A CONTROL FEATURE TO ENSURE THAT ALL CUTOUTS (DISCS) ARE RETRIEVED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
HYDRAULIC DATA NAMEPLATE	NAMEPLATE PROVIDED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, EXPLAIN					
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN:							
SIGNATURES	NAME OF SPRINKLER CONTRACTOR							
	STRACO ENGINEERING							
	TESTS WITNESSED BY							
	FOR PROPERTY OWNER (SIGNED)		TITLE		DATE			
FOR SPRINKLER CONTRACTOR (SIGNED)		TITLE		DATE				
ADDITIONAL EXPLANATION AND NOTES								



UNION CARBIDE CORPORATION, LINDE DIVISION		
SITE PLAN FOR: <u>TENT TUBE</u>		
<u>FULLERON CAMP</u>		
TYPE UNIT: <u>6 H.P. N<sub>2</sub> RECEIVERS</u>		
Drawn By: <u>TCA</u>	Date: <u>6-7-82</u>	Scale: <u>1/4" = 1'-0"</u>

MWNA-WZI 213639



Pipe 6' above ground attached to wall (Color-coded & marked N<sub>2</sub>) every 20'

Pipe specifications:

Schedule 80 scotch-coated  
Black iron pipe  
300 # fittings

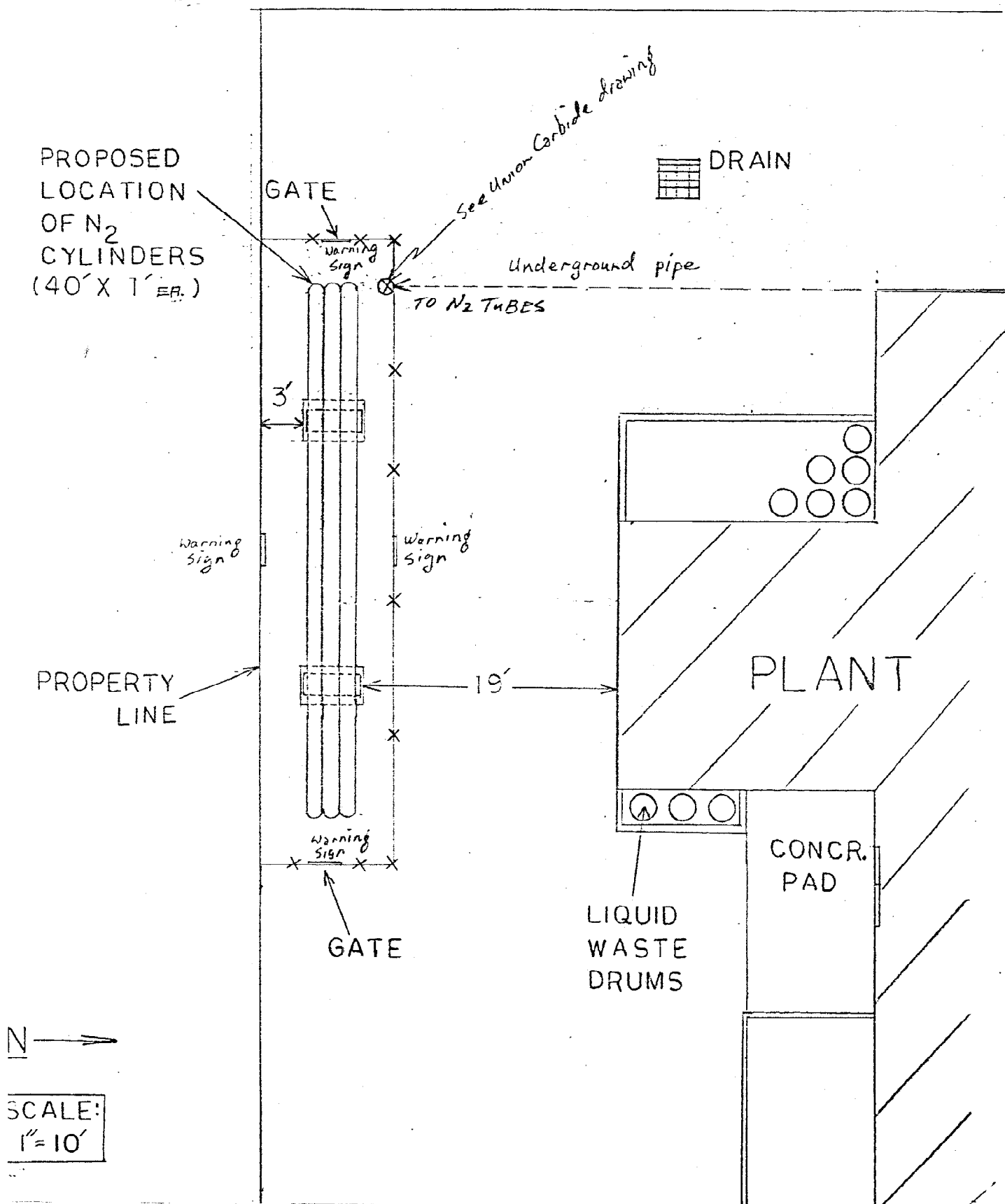
**CITY OF FULLERTON  
DEVELOPMENT SERVICES DEPARTMENT  
APPROVED:**

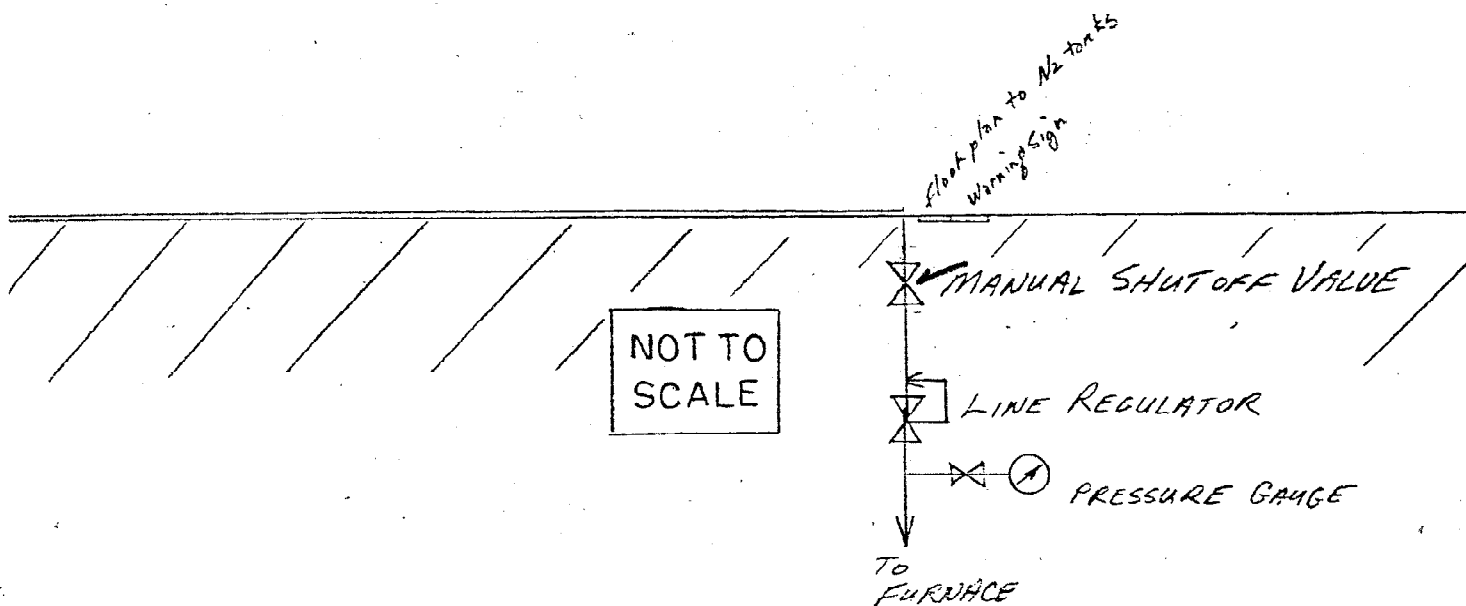
_____ ZONING	_____ DATE
_____ PUBLIC WORKS DEPT.	_____ DATE
_____ MUNICIPAL UTILITIES DEPT.	_____ DATE
<u>C. Thomas Thompson</u> FIRE DEPT.	<u>6/16/82</u> DATE

THE FULLERTON DEPT. ISSUANCE OF A PERMIT  
OR APPROVAL OF PLANS SHALL NOT BE CONSTRUED TO  
BE A PERMIT FOR OR AN AFFIRMATION OF ANY VIOLATION  
OF AN APPLICABLE LAW OR REGULATION. FINAL APPROVAL  
SHALL BE SUBJECT TO FIELD INSPECTION.

MWNA-WZI 213640

# TRENT TUBE





TRENT TUBE DIVISION  
2100 E. ORANGETHORPE AVENUE  
FULLERTON 92634  
ATTN: VICTOR MELNIKOW  
PLANT ENGINEER  
526-5522

# CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

## PROCEDURE

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

## PROPERTY NAME

LE BARDON INVESTMENTS

DATE

12/21/81

## PROPERTY ADDRESS

2100 E. ORANGETHORPE AVE. FULLERTON, CA.

## PLANS

### ACCEPTED BY APPROVING AUTHORITY(IES) NAMES

FULLERTON FIRE DEPT.

### ADDRESS

### INSTALLATION CONFORMS TO ACCEPTED PLANS

### EQUIPMENT USED IS APPROVED

IF NO, EXPLAIN DEVIATIONS

☒ YES ☐ NO

☒ YES ☐ NO

## INSTRUCTIONS

HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT

☒ YES ☐ NO

### HAVE COPIES OF THE FOLLOWING BEEN LEFT ON THE PREMISES:

1. SYSTEM COMPONENTS INSTRUCTIONS
2. CARE AND MAINTENANCE INSTRUCTIONS
3. NFPA 13A

☒ YES ☐ NO

☒ YES ☐ NO

☒ YES ☐ NO

☒ YES ☐ NO

## LOCATION OF SYSTEM

SUPPLIES BLDGS.

BLOG. "B"

## SPRINKLERS

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
VIKING SSO	M		1/2"	192	155°
VIKING SSP	M		1/2"	180	155°

## PIPE AND FITTINGS

PIPE CONFORMS TO NFPA STANDARD

FITTINGS CONFORM TO NFPA STANDARD

☒ YES ☐ NO

☒ YES ☐ NO

## ALARM VALVE OR FLOW INDICATOR

### ALARM DEVICE

TYPE	MAKE	MODEL	MAXIMUM TIME TO OPERATE THROUGH TEST CONNECTION
ALARM VA.	VIKING	4	MIN. SEC.

## DRY PIPE OPERATING TEST

TIME TO TRIP THRU TEST CONNECTION*			WATER PRESSURE			AIR PRESSURE			TRIP POINT AIR PRESSURE			TIME WATER REACHED TEST OUTLET*			ALARM OPERATED PROPERLY	
MIN.	SEC.		PSI			PSI			PSI			MIN.	SEC.		YES	NO
Without O.O.D.																
With O.O.D.																

IF NO, EXPLAIN

\*MEASURED FROM TIME INSPECTOR'S TEST CONNECTION IS OPENED.  
65A (8-80) PRINTED IN USA

(OVER)

Contractor's Material and Test Certificate for Aboveground Piping

## GENERAL INFORMATION

13-11

DELUGE & PREACTION VALVES	OPERATION		<input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC	
	PIPING SUPERVISED		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	DETECTING MEDIA SUPERVISED		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	DOES VALVE OPERATE FROM THE MANUAL YRIF AND/OR REMOTE CONTROL STATIONS		<input type="checkbox"/> YES <input type="checkbox"/> NO	
TEST DESCRIPTION	IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING		IF NO, EXPLAIN	
	MAN	MULTI	YES	NO
	DOES EACH CIRCUIT OPERATE VALVE RELEASE		YES	NO
	MAXIMUM TIME TO ULTRATE RELEASE		MIN.	SEC.
TESTS	HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.8 bars) for two hours or 80 psi (5.4 bars) above static pressure in excess of 150 psi (10.2 bars) for two hours. Differential dry-pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped. FLUSHING: Flow the required rate until water is clear as indicated by no collection of foreign material in bucket bags at outlets such as hydrants and blow-offs. Flush at flows not less than 400 GPM (1514 L/min) for 4-inch pipe, 800 GPM (3028 L/min) for 6-inch pipe, 1000 GPM (3785 L/min) for 8-inch pipe, 1500 GPM (5678 L/min) for 10-inch pipe and 2000 GPM (7570 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available. PNEUMATIC: Establish 40 psi (2.7 bars) air pressure and measure drop which shall not exceed 1-1/2 psi (0.1 bars) in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop which shall not exceed 1-1/2 psi (0.1 bars) in 24 hours.			
	ALL PIPING HYDROSTATICALLY TESTED AT 200 PSI FOR 2 HRS.		IF NO, STATE REASON	
	DRY PIPING PNEUMATICALLY TESTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EQUIPMENT OPERATES PROPERLY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	DRAIN TEST <input type="checkbox"/> READING OF GAGE LOCATED NEAR WATER SUPPLY TEST CONNECTION: _____ PSI UNDERGROUND MAINS AND LEAD IN CONNECTIONS TO SYSTEM RISERS FLUSHED BEFORE CONNECTION MADE TO SPRINKLER PIPING. VERIFIED BY COPY OF THE U FORM NO. 888 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO OTHER EXPLAIN _____		RESIDUAL PRESSURE WITH VALVE IN TEST CONNECTION OPEN WIDE _____ PSI	
BLANK TESTING GASKETS	NUMBER USED	LOCATIONS	NUMBER REMOVED	
WELDING	WELDED PIPING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	IF YES ...			
	DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT WELDING PROCEDURES COMPLY WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	DO YOU CERTIFY THAT THE WELDING WAS PERFORMED BY WELDERS QUALIFIED IN COMPLIANCE WITH THE REQUIREMENTS OF AT LEAST AWS D10.9, LEVEL AR-3 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
CUTOUTS (DISCS)	DO YOU CERTIFY THAT WELDING WAS CARRIED OUT IN COMPLIANCE WITH A DOCUMENTED QUALITY CONTROL PROCEDURE TO INSURE THAT ALL DISCS ARE RETRIEVED, THAT OPENINGS IN PIPING ARE SMOOTH, THAT SLAG AND OTHER WELDING RESIDUE ARE REMOVED, AND THAT THE INTERNAL DIAMETERS OF PIPING ARE NOT PENETRATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	DO YOU CERTIFY THAT YOU HAVE A CONTROL FEATURE TO ENSURE THAT ALL CUTOUTS (DISCS) ARE RETRIEVED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
HYDRAULIC DATA NAMEPLATE	NAMEPLATE PROVIDED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, EXPLAIN	
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN:			
SIGNATURES	NAME OF SPRINKLER CONTRACTOR			
	STRACO ENGINEERING			
	TESTS WITNESSED BY			
	FOR PROPERTY OWNER (SIGNED) <i>John Thomas</i> TITLE <i>FBA</i> DATE <i>12-21-81</i> FOR SPRINKLER CONTRACTOR (SIGNED) _____ TITLE _____ DATE _____			
ADDITIONAL EXPLANATION AND NOTES				

FULLERTON FIRE DEPARTMENT  
FLAMMABLE LIQUID INSTALLATION

BUSINESS Inert Tube Company (Billerica)  
 LOCATION 2100 E. Orangewood  
 CONTRACTOR Union Carbide Corp.  
 ADDRESS 2300 E. Pacific Coast Highway  
 TELEPHONE 213 435-2077  
                   Area Code                   Number  
 FOREMAN S. R. Lewin

Office Use Only	
REPORT NO.	<u>Mfg 63</u>
PERMIT NO.	<u>FL 70-10</u>

TYPE OF SYSTEM  
 PRESSURE DELIVERY \_\_\_\_\_  
 SUCTION \_\_\_\_\_  
 OTHER \_\_\_\_\_  
 NEW ☒ REMODEL \_\_\_\_\_

ITEM	DATE	INSPECTOR
1. Installation Instructions to Applicant	2-18-70	P. P.
2. Plot Plan Received	2-25-70	P. P.
3. Inspection of Installation	4-9-70	REP. & KCA.
4. Plot Plan Recorded <span style="float: right;">Book      Page</span>	N/A	
5. Final Inspection	4-9-70	REP. & KCA.

REMARKS: 4-9-70 In process of filling tank at time of inspection.

CHECK LOADING ON 6" CONC PAD

TANK EMPTY 29,000 lbs

FULL 32,150 lbs

SUPPORTED BY 4 LEGS, EACH LEG CARRIES  $32,150/4 = 8000$  lbs

USING A 12" SQUARE PAD UNDER EACH LEG, GIVES BEARING SURFACE OF 144 SQ INCHES

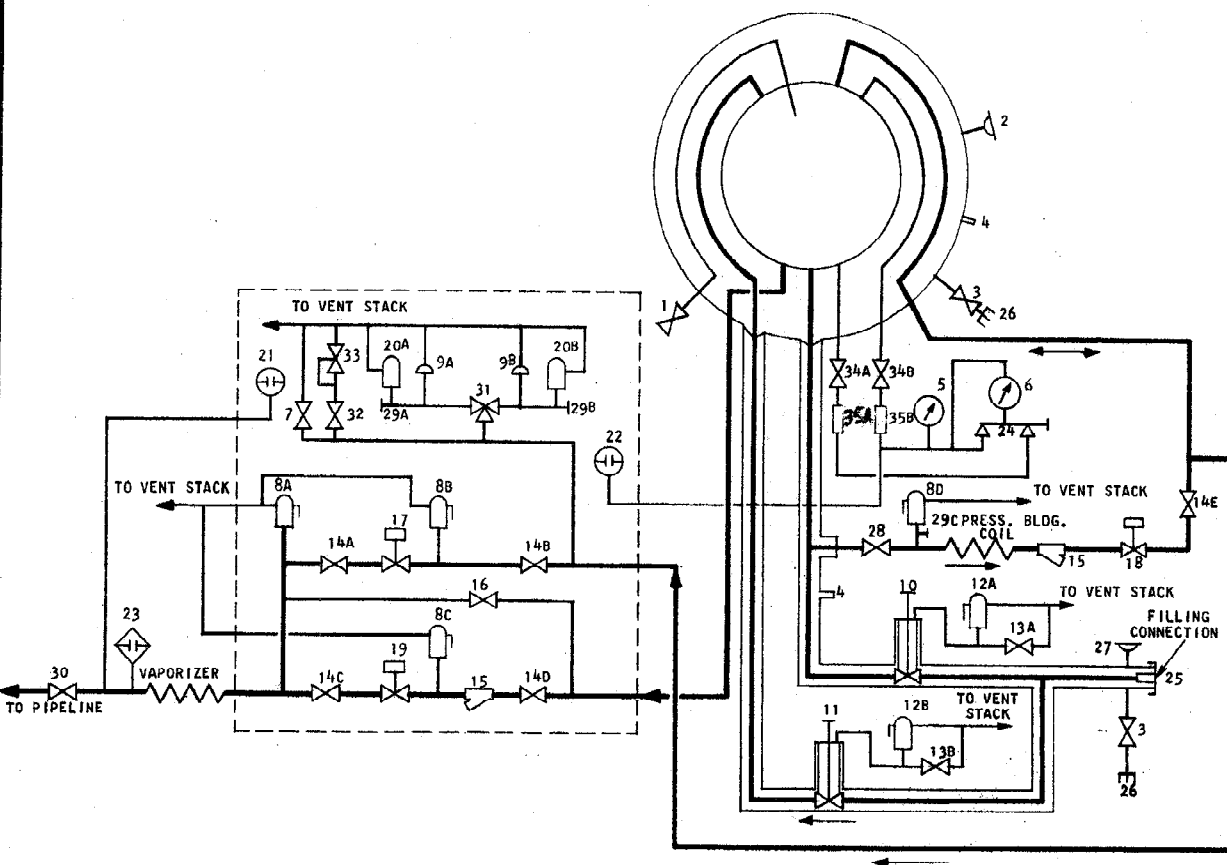
BEARING:  $\frac{8000 \text{ lbs}}{144 \text{ in}^2} = 55.5 \text{ PSI}$ , WHICH IS LESS THAN 2800 PSI OK.

SHEAR:  $\frac{8000 \text{ lbs}}{12 \text{ in (6 in)} \times 4} = 27.8 \text{ PSI}$ , WHICH IS LESS THAN 75 PSI OK

UNION CARBIDE CORPORATION, LINDE DIVISION		
SITE PLAN FOR: <u>TREAT TUBE</u>		
<u>FULLERTON CAL</u>		
TYPE UNIT <u>60 VCC HYDROGEN</u>		
Drawn By: <u>SE</u>	Date: <u>2/25/70</u>	Scale: <u>1"=20'</u>

MWNA-WZI 213646

NO.	DESCRIPTION	NO.	DESCRIPTION
1	FULL TRYCOCK	20	1" RELIEF VALVE SET AT 200 PSIG
2	4" FRANGIBLE DISK RATED AT < 10 PSIG	21	PRESSURE SWITCH, LIQUID AND GAS PHASE WITHDRAWAL CONTROL
3	VACUUM PROBE VALVE	22	PRESSURE SWITCH, PRESSURE BUILDING CONTROL
4	SEALED EVACUATION TUBE	23	TEMPERATURE SWITCH, SET AT -40°F
5	PRESSURE GAUGE 0-300 PSI	24	1/4" LIQUID LEVEL SHUT-OFF VALVE
6	LIQUID LEVEL GAUGE	25	2" CRYOGENIC BAYONET COUPLING WITH CAP
7	1-1/2" MANUAL BLOWDOWN VALVE	26	VACUUM PROBE CONNECTION
8	1/2" RELIEF VALVE SET AT 280 PSIG	27	2" FRANGIBLE DISK RATED AT < 20 PSIG
9	1" FRANGIBLE DISK RATED AT 275 PSIG	28	1" SHUT-OFF VALVE
10	2" VACUUM INSULATED LIQUID PHASE FILLING VALVE	29	PURGE PLUG
11	2" VACUUM INSULATED GAS PHASE FILLING VALVE	30	2" SHUT-OFF VALVE
12	1/2" RELIEF VALVE SET AT 280 PSIG	31	1-1/2" 3-WAY VALVE
13	1/4" PURGE VALVE	32	1/2" SHUT-OFF VALVE
14	1-1/2" SHUT-OFF VALVE	33	1/2" BACK-PRESSURE VALVE
15	1-1/2" STRAINER	34	1/2" INSTRUMENT LINE SHUT-OFF VALVE
16	1" BY-PASS VALVE	35	EXCESS FLOW CHECK VALVE
17	1-1/2" GAS WITHDRAWAL SOLENOID VALVE		
18	1-1/2" PRESSURE BUILDING SOLENOID VALVE		
19	1-1/2" LIQUID WITHDRAWAL SOLENOID VALVE		



SUPERCEDES B-542675

**TITLE** FLOW DIAGRAM FOR 310-VCC AND 600-VCC IN HYDROGEN SERVICE

**SCALE**

**FIRST USED ON**

**DRAWN**

J.R.W.

**DATE**

6-17-63

**SHEETS**

**SHEET NO.**

**LINDE COMPANY**  
DIVISION OF UNION CARBIDE CORPORATION  
**TONAWANDA LABORATORIES**  
TONAWANDA, N. Y.

**CHK'D**

MBC

**APP'D**

RAC

**B-553224**

MWNA-WZI 213647



Colt  
Industries



Interoffice

To R. Dickson  
Location Fullerton  
Subject Fire Insurance  
Fullerton Plant

From D. W. Hayward  
Location New York  
Date April 2, 1970

Attached is a copy of the FIA Inspection Report of October 31, 1969 which was just received in Mr. Stetina's office. Mr. Stetina has left Colt and until further notice, will you direct his correspondence to me.

Our broker feels and we agree, that particular attention should be given to Recommendations #69-1, #69-5, #69-6 and #69-7. I would appreciate your comments on the action you intend to take and on any other recommendations in this report.

DWH/si  
enc.  
cc: R. Vey

*Handwritten signature/initials*



# INSPECTION REPORT

Conferred with

Mr. Hartfel, Plant Engineer

## FACTORY INSURANCE ASSOCIATION

EASTERN REGIONAL OFFICE  
88 WOODLAND STREET  
HARTFORD, CONNECTICUT 06102

Property of CRUCIBLE, INCORPORATED  
COLT INDUSTRIES DIVISION  
2100 E. ORANGETHORPE AVENUE  
FULLERTON, ORANGE COUNTY, CALIFORNIA

A B C

CONFIDENTIAL

This report should be made available only to authorized persons.

File No. P-2183-E  
Key File No. E-7089 (69-7)  
By R.B. Snider  
Date Oct. 31, 1969 Hrs.4

SPRINKLERS: Are not adequate.	IMPAIRMENT NOTIFICATION: Good	RED TAGS USED? Yes
VALVES: Are sealed.	WELDING & CUTTING: Fair	TAGS USED? To be
WATERFLOW ALARMS: Local, Central Station	ELECTRICAL EQUIPMENT: Good	
	MAINTENANCE: Good	
SUPERVISORY COVERS: Waterflow, valves and MFA boxes	CLEANLINESS: Good	
	SMOKING: Is controlled.	
PLANT OPERATION: 5 days 8 am to 5 pm	NATURE OF RISK: Metal worker	
	PRODUCT: Stainless Steel Tube	
WATCHMAN SERVICE: None satisfactory.	CONSTRUCTION: 1 story 100% masonry joist	
ROUNDS:		
PORTABLE FIRE EQUIPMENT: Is adequate.	FIRE DIVISIONS: Normal	
RECORDED SELF-INSPECTIONS: None	SPECIAL HAZARDS: Special atmosphere furnaces solvent washing of steel tubing, not well cared for.	
PRIVATE FIRE BRIGADE: None	HIGH PILING (ft.): None	PROTECTED:
PUBLIC FIRE DEPT: Good-Paid		
WATER SUPPLIES: Good		

If there are any questions concerning the recommendations on this report or you have alternate solutions for them, please contact us.

### RECENT CHANGES AND COMMENTS

A new 20,000 lb. draw bench is in the process of being installed.

### INSPECTOR'S RECOMMENDATIONS:

- 69-1 The following protection should be provided for the 55' presoak kerosene wash tank:
- a - Two overflow pipes of not less than 4" diameter should be installed to safely drain the kerosene outside in the event of an emergency.
  - b - A fixed pipe double shot automatic foam system should be installed on this tank.
  - c - Draft curtains, as low as clearance permits, should be placed to cut off the presoak tank.
  - d - A bottom tank drainage system using two 8" or larger pipes from the bottom of the tank and a pumping system which will automatically or manually drain the kerosene to a safe location outside in the event of an emergency.
  - e - A ventilation system using a low level pick-up should be installed to exhaust fumes that may collect in the degreaser pit (located beside the unit-steam

WATER SUPPLIES	TEST RESULTS					
	G.P.M.	Flow Location	Static	Resid.	Pres. Location	Tested:
One 8" conn. to 1-12" city main in E. Orangethorpe Avenue	420	ASR #1	70	60	Same	10/31/69 RBS
Fire Dept. Conn. One						Highest Spr. 16

This report remains the sole and exclusive property of the Factory Insurance Association, and any reproduction or distribution thereof to unauthorized persons, without the written permission of the Association, is unlawful. NBC 4

7-5

n-20-8 EG. 8-68

MWNA-WZI 213649

## 69-1 (Continued)

heated).

- f - Perimeter vent - A perimeter vent system using mechanical draft exhaust to the outside, providing adequate ventilation for the kerosene tank should be provided, to maintain the surface air below the L.E.L. with a safety factor of 4.

69-2 An open head deluge system of sprinkler protection should be provided for the cooling tower located against the west wall. The system should be hydraulically calculated to .5 gpm per sq. ft. Plans should be submitted to F. I. A. prior to installation for review and approval.

69-3 The following controls should be provided for the Parker Boiler:

- a - Fuel pressure supervision shall be provided by approved pressure switches interlocked to accomplish a non-recycling safety shutdown in the event of either high or low fuel gas pressure.
- b - An approved safety shut-off valve of the manual reset type shall be provided in the main gas line to the burner. An approved safety shut-off valve shall be provided downstream from the manual reset valve. A normally open, fully ported, electrically operated valve shall be provided in a vent line connected between the two safety shut-off valves. The vent pipe shall be run to the outside atmosphere. The size of the vent line shall be 1½". A manually operated lubricated plug cock shall be located downstream of both safety shut-off valves to permit leakage testing of the valves.

69-4 Automatic sprinkler protection on wood worker schedule should be provided for the 24' X 64' Carpenter Shop Canopy located 50' from the NE corner of the plant.

69-5 All flammable liquids should be removed from the maintenance area where welding is frequently done. F. I. A.'s welding tag system or a similar system should be used.

69-6 Care and maintenance of fire protection equipment should be made the responsibility of a competent employee and weekly inspection of fire protection equipment should be made with report filled out, reviewed by the superintendent or other official with authority to have deficiencies corrected, and filed for examination by Factory Insurance Association representative. Impairments to any fire protection equipment should be reported to the local Factory Insurance Association Office, such notification to be as much in advance of actual impairment as possible.

69-7 A private fire brigade should be organized, trained and drilled at regular intervals.